KELSEY TRAIL
HEALTH REGION

Annual Report to the Minister of Health

For the 2008-09 Fiscal Year Ended March 31, 2009

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The Kelsey Trail Health Region annual report for the fiscal year ending March 31, 2009 is available on the internet at
http://www.kelseytrailhealth.ca

Letter of Transmittal

June 22, 2009

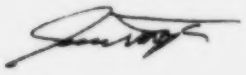
Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Kelsey Trail Regional Health Authority is pleased to provide you and the residents of the health region with its 2008-09 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2009.

The Kelsey Trail Regional Health Authority experienced many accomplishments during the fiscal year. Our overall success is greatly attributed to the dedication and commitment of the employees of the Kelsey Trail Health Region.

Respectfully submitted,



James Taylor
Chairperson

VISION

Healthy people in healthy communities

MISSION

Working together to improve the health of people

VALUES

Integrity

Compassion & Collaboration

Accountability

Respect

Excellence

Kelsey Trail Health Region – By the Numbers 2008-09

Acute Facilities

- Emergent Emergency/Outpatient Department Visits 969
- Urgent Emergency/Outpatient Department Visits 5,885
- Day Surgery Visits 1,230
- Chemotherapy – Client Visits 732
- Renal Dialysis Treatments 2,425
- Number of Newborns 261
- Visiting Specialist Clinics/# of patients 5,286

Long Term Care

- Total Respite Days 4,314
- Total Day Care Days 1,911

Home Care

- Face-to-face Nursing Visits 22,687
- Face-to-face Home Support Visits 197,040
- Number of Meals on Wheels Units 29,476
- Number of Client Visits to Wellness Clinics 2,600

Community Services

- Number of Telehealth Clinics 90
- Number of Telehealth Education Sessions 629

Rehab-Therapies

- Inpatient Visits 3,185
- Outpatient/Community Visits 15,807

Mental Health

- Mental Health Referrals 440
- Mental Health Visits 5,535

Addiction Services

- # of Client Referred 453
- Client Visits (hours) 4,394

Medical Social Worker

- Number of Contacts 11,751

Diabetes & Heart Health Team

- # of Diabetes Client Contacts 3,114
- # of Cardiac Client Contacts 332

Public Health

- Influenza Immunizations (Public) 5,031
- % of 2 year olds with Complete Immunizations 75.06%
- Number of Sexually Transmitted Infections 126
- Number of Facilities Inspected by Public Health 900
- Number of Public Health Field Visits/Consultations 3,477
- Number of Podiatry Visits 2,897

Population Health Promotion/Primary Health Care

- Number of Fluoride Varnish Treatments 822
- Early Childhood Client Load (#) 2,087

Emergency Medical Services

- Total Emergency Medical Services Calls 3,984

Who We Are

The Vision, Mission and Values of the Kelsey Trail Regional Health Authority have been developed with the objective of addressing the needs of the population of the entire region. The region's Vision, Mission and Values statement reflects the direction the provincial Ministry of Health is embarking on with a focus on the health of the individual, providers, sustainability and the health of the population.

Strategic Goals

The Kelsey Trail Health Regional Health Authority is working to meet seven strategic goals established during the 2007-08 fiscal year. These goals complement and support the organizations Mission, Vision and Values. The RHA is committed to working toward the achievement of the goals set by the RHA. They include:

I. Fostering a culture of quality improvement and client-centred service;
II. Achieving a sustainable and integrated health care system;
III. Increasing public confidence, involvement and communication;
IV. Transforming the care and service experience through a focus on patient/client safety;
V. Partnering for improved health for the region's Aboriginal people;
VI. Enhancing population health and impact improved health status; and
VII. Exhibiting a positive, innovative work environment.

The development of the region's strategic directions was influenced by the KTHR Regional Accountability Framework, which was introduced in 2005. The Accountability Framework was designed to improve accountability among all employees and work in harmony with the strategic directions of the organization. It also supports staff working in an environment of collaboration and team work with a focus on quality improvement, enhanced communication and the safety and care of the region's clients and patients.

Accreditation

Regional performance is influenced by the accreditation process. Accreditation enables the health region to regularly and consistently assess and improve the health care services it provides. The integration of accreditation standards into daily processes benefits staff and the clients served by KTHR.

Accreditation Canada conducted the region's latest accreditation survey in April of 2008. The region received a three-year Accreditation with Condition (Report). Standards set by Accreditation Canada are designed to address patient/client safety and minimize risk. Kelsey Trail Health Region continues to work on quality improvement initiatives in anticipation of the region's next Accreditation Survey in April 2011.

Regional Code of Ethics

In the fall of 2008, the Kelsey Trail Health Region Code of Ethics was introduced throughout the region. Ethical dilemmas are frequently encountered by health care providers. In response to the lack of adequate resources within the health sector to support staff in dealing with such complex issues, a common approach for ethical decision-making was implemented. All members of the organization's health care team have access to the same resources and are able to approach potential ethical dilemmas in a similar manner, facilitating collaboration in the delivery of client-centred care, improving staff satisfaction and achieving greater consistency in practice throughout the region. The following principles have been incorporated to reflect the unique considerations of the health sector: advocacy, client privacy and confidentiality, commitment to quality services, conflict identification, dignity, employee safety, fair and equitable access, health and well-being, informed choice and empowerment, and relationships among other trustees and/or agencies.

Programs & Services

The RHA is responsible for providing primary and secondary health care services to the population of the region in a safe, quality, timely, effective and efficient manner. Services are available and accessible to residents as reasonably close to home as possible. Given the relatively sparse population of the region and the large geographic area it covers, the RHA faces challenges in achieving this goal. Services not available within the region are accessible and available to resident through visiting specialist services and referrals. The Telehealth Saskatchewan network provides residents with access to specialist services and educational opportunities from sites in Cumberland House, Nipawin, Tisdale, Melfort, Hudson Bay and most recently, Porcupine Plain and Kelvington.

Health services are provided to the residents of 58 rural and urban municipalities throughout northeast Saskatchewan. Within the boundaries of Kelsey Trail, health care services are also delivered to five First Nation communities and the Northern Village of Cumberland House. In some cases, services to First Nation communities are delivered by KTHR in partnership with other agencies.

Approximately 35 physicians and 1580 staff provide a broad range of community and facility-based services and programs to residents. Physician resources include the services of a Chief of Staff/Vice-President of Medical Services, a Medical Health Officer, a radiologist, pathologist and general surgeons, several GP Anesthetists and GP Obstetricians. To ensure a wide range of accessible itinerant services for residents, the region grants visiting privileges to more than 20 physician specialists at the three district hospitals, ensuring a wide range of accessible itinerant services for residents. Services include nephrology, physical medicine and rehabilitation, psychiatry, allergy, podiatry, rheumatology, pediatrics, obstetrics and gynecology, ear/nose/throat, orthopedics, ophthalmology, respiratory medicine, urology, orthopedics and plastic surgery. In

addition, associate privileges are granted to three dental and six chiropractic physician specialists from within the region.

Kelsey Trail has three district and three community hospitals, as defined by the provincial Ministry of Health. There are a total of 116 acute care beds staffed and in operation in the region. This includes observation, respite, palliative, convalescent and rehabilitation beds. Residents also have access to health care services through five health centres.

There are ten long-term care facilities located in nine communities in the region, totaling 482 long-term care and respite beds. Four Dementia units operate within long term care facilities in the region.

Pre-hospital emergency care is available throughout the region through a combination of RHA-owned (Hudson Bay, Porcupine Plain) and contracted (Kelvington, Nipawin, Tisdale) emergency medical services. The region also has access to contracted ambulance providers from the Saskatoon Health Region (Watson, Wadena).

Trained volunteer First Responders provide emergency services to 26 communities and areas within the region. Recent First Responder training programs have resulted in the addition of 20 new responders to various existing groups and eight responders creating a new group in the community of Mistatim. Ancillary First Responder groups are located in Tisdale, Nipawin and Hudson Bay (with Fire). The region has provided training to volunteers in various community groups, organizations, schools, and corporations who have invested in a total of 40 Public Access Defibrillators. In February of 2009, the provincial Ministry of Health initiated a review of Emergency Medical Services (EMS) that is expected to provide clear direction for EMS development over the next five years. The review will include road and air ambulance services.

Home care services are delivered from locations in Nipawin, Melfort, Tisdale, Hudson Bay, Porcupine Plain, Kelvington, Carrot River, Naicam, Smeaton, Rose Valley and, more recently, and Cumberland House. Melfort Home Care is co-located in Nirvana, the only RHA-owned and operated assisted living facility in the region. Nirvana has the potential to accommodate 24 assisted living clients. Home care is the primary function of the services provided through the Smeaton and Rose Valley Health Centres.

Community Health Services employees deliver services from more than 30 different locations across the region with a focus on community development and population health promotion.

Public health offices are based in Cumberland House, Hudson Bay, Kelvington, Melfort, Nipawin and Tisdale, delivering services throughout the region. Public Health includes public health nursing, nutritionists, parent mentoring, speech/language pathology, early childhood psychology and dental health. The region's Medical Health Officer and Communicable Disease/Immunization Coordinator are also part of the public health team. Public health nurse visits average 3,000 clients monthly. Public health inspection, tobacco enforcement and water monitoring services are provided by Environmental

Health Services. Environmental Health Services offices are located in Nipawin and Melfort and delivered regionally.

Health care professionals in Community and Primary Health deliver services throughout the region. Community and Primary Health Care include the services of dietitians and nurse educators, chronic disease management, Telehealth, therapies and podiatry.

Community Wellness Coordinators located in the communities of Tisdale, Hudson Bay and Kelvington provide services to school-aged populations in the communities of Rose Valley, Porcupine Plain, Archerwill, Zenon Park, Arborfield, and Star City. This program has expanded to include the addition of a part-time Community Wellness Coordinator in Nipawin. Nurse Practitioners provide health care services from designated primary health care sites in Arborfield, Carrot River, Hudson Bay, Naicam, Nipawin, Porcupine Plain and Tisdale, serving the residents of those communities and surrounding areas. Nurse Practitioners average 2,000 visits monthly.

Mental Health and Addiction Services (MHAS) are provided throughout the region through a combination of community-based locations and visiting services. Through a contractual relationship with Prince Albert Parkland Health Region, inpatient services and 24-hour emergency mental health referrals and consultation are available to the region. The services of Medical Social Workers are also available.

The region has an established Saskatchewan Telehealth program that includes sites in Melfort, Nipawin, Tisdale, Hudson Bay, and Cumberland House. Over the past year, this program has expanded to include sites at both Kelvington and Porcupine Plain. Telehealth provides a link for rural and urban health care professionals to schedule specialist appointments, consults and follow-ups for patients and clients. It is used for educational sessions for health care professionals and members of the public. This year, KTHR's Telehealth services expanded to include piloting of a Telemental Health service.

Volunteer services are coordinated through the Human Resources department. Volunteer opportunities include the parent mentoring program, pastoral care, First Responders, youth programs, gift shops, meals on wheels, auxiliaries, drivers and activity volunteers. Kelsey Trail Health Region relies on volunteers to play a role in almost all aspects of the health care services provided. Over the course of the year, volunteers provided approximately 30,000 hours of service to the region.

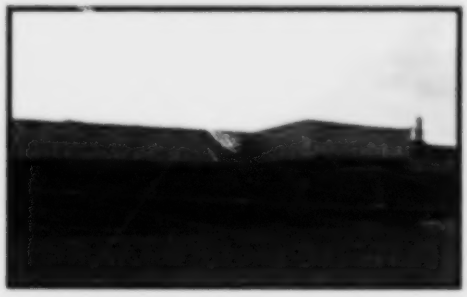
Arborfield	
Arborfield & District Health Centre	▪ 36 long term care beds ▪ Adult day care services ▪ Home Care ▪ Health Centre – scheduled clinic hours, lab & x-ray ▪ Primary health care site ▪ Visiting Occupational Therapist, Diabetes & Heart Health team, Public Health Nursing

Carrot River	
Carrot River Health Centre	▪ 36 long term care beds ▪ Home Care ▪ Health Centre – scheduled clinic hours, lab & x-ray ▪ Primary health care site – Carrot River Medical Clinic ▪ Visiting Occupational Therapist, Diabetes & Heart Health team, Public Health Nursing

Cumberland House	
Cumberland House Health Centre **Cumberland House Community Services**	▪ 24/7 RN on-call service ▪ Nurse Practitioner ▪ Phlebotomy services ▪ Children's dental health ▪ Telehealth ▪ Visiting Diabetes & Heart Health team, Mental Health & Addiction Services, physicians from Nipawin, Early Childhood team ▪ Home Care

Hudson Bay	
Hudson Bay Health Care Facility	▪ 10 bed community hospital ▪ 24 hour emergency outpatient care ▪ Inpatient acute care ▪ Palliative care ▪ Constant care/monitoring beds ▪ Lab & x-ray ▪ Ambulance (RHA-owned) ▪ Telehealth ▪ Primary health care site –Hudson Bay Medical Group ▪ Public Health Nursing ▪ Mental Health & Addiction Services ▪ Visiting Physiotherapist, Occupational Therapist, Dietitian, Diabetes & Heart Health team, Early Childhood team ▪ Community Wellness Coordinator (school-based) ▪ 22 long term care beds ▪ Adult day care services ▪ Home Care

Kelvington	
Kelvington Hospital **Kelvindell Lodge**	▪ 12 bed community hospital ▪ 24 hour emergency outpatient care ▪ Inpatient acute care ▪ Palliative care ▪ Constant care/monitoring bed ▪ Lab & x-ray ▪ Public Health Nursing ▪ Home Care ▪ Visiting Occupational Therapist, Dietitian, Diabetes & Heart Health team, Mental Health & Addiction Services ▪ Telehealth ▪ Community Wellness Coordinator (school-based) ▪ 46 long term care beds ▪ Adult day care ▪ Dementia care unit ▪ Ambulance (contracted)



Porcupine Plain	
Porcupine Carragana Hospital **Red Deer Nursing Home**	• 12 bed community hospital • 24 hour emergency outpatient care • Inpatient acute care • Palliative care • Constant care/monitoring bed • Lab & x-ray • Primary health care site – Porcupine Medical Clinic • Home Care • Visiting Occupational Therapist, Dietitian, Diabetes & Heart Health team, Mental Health & Addiction Services, Public Health Nursing • Telehealth • Community Wellness Coordinator (school-based) • 38 long term care beds • Adult day care

Melfort	
Melfort Hospital **Parkland Place** **Melfort Public Health Office** **Nirvana Assisted Living**	• 31 bed district hospital • 24 hour emergency outpatient care • Inpatient acute care • General surgery • General surgeon, radiologist, pathologist • Endoscopy • Palliative care • Constant care/monitoring beds • Exercise tolerance testing • Lab & x-ray • Chemotherapy • Low-risk labour & delivery • Cesarean sections • Telehealth • Podiatry • Mental Health & Addiction Services • Diabetes & Heart Health Centre • Visiting specialists • 105 long term care beds • Therapy services • Home Care • Medical Health Officer • Communicable Disease/Immunization Coordinator • Public Health Nutritionist • Dental Health Coordinator • Early Childhood team • Public Health Inspection • Young Parents Mentoring Program • Ambulance – contracted

Nipawin	
Nipawin Hospital **Pineview Lodge** **Nipawin Public Health Office**	▪ 31 bed district hospital ▪ 24 hour emergency outpatient care ▪ Inpatient acute care ▪ General surgery ▪ Endoscopy ▪ Palliative care ▪ Constant care/monitoring beds ▪ Lab & x-ray ▪ Chemotherapy ▪ Low-risk labour & delivery ▪ Phototherapy ▪ Telehealth ▪ Podiatry ▪ Mental Health & Addiction Services ▪ Diabetes & Heart Health Centre ▪ Therapy services ▪ Visiting specialists ▪ Primary health care site – Nipawin Health Centre ▪ Community Wellness Coordinator (school-based) ▪ Early Childhood team ▪ Dental Health Coordinator ▪ Parent Mentoring Program ▪ Public Health Inspector ▪ Public Health Nursing ▪ Home Care ▪ 96 long term care beds ▪ Ambulance - contracted

Rose Valley	
Rose Valley Health Centre	▪ Lab & x-ray ▪ Home Care ▪ Visiting Occupational Therapist, Public Health Nurse, Dietitian, Diabetes & Heart Health team , Early Childhood team

Smeaton	
Smeaton & District Health Centre	▪ Health Centre – scheduled clinic hours ▪ Lab & x-ray ▪ Home care ▪ Visiting Occupational Therapist, Public Health Nurse, Physician and Nurse Practitioner , Diabetes & Heart Health team

St. Brieux	
Chateau Providence	▪ 30 long term care beds ▪ Adult day care ▪ Visiting public health services

Tisdale	
Tisdale Hospital **Newmarket Manor** **Sasko Park Lodge** **Tisdale Public Health Office**	▪ 20 bed district hospital ▪ 24 hour emergency outpatient care ▪ Inpatient acute care ▪ Palliative care ▪ Constant care/monitoring beds ▪ Lab & x-ray ▪ Chemotherapy ▪ Low-risk labour & delivery ▪ Telehealth ▪ Podiatry ▪ Hemodialysis satellite unit ▪ Exercise tolerance testing ▪ Endoscopy ▪ Primary health care site - Tisdale Medical Clinic ▪ Mental Health & Addiction Services ▪ Diabetes & Heart Health Centre ▪ Home Care ▪ Visiting specialists ▪ Community Wellness Coordinator (school-based) ▪ Public Health Nursing ▪ Therapy ▪ Early Childhood team Newmarket Manor ▪ 40 long term care beds ▪ Adult day care ▪ Dementia wing Sasko Park Lodge ▪ 33 long term care beds ▪ Ambulance – contracted

Key Risks

Financial

Health care costs in Canada have grown steadily over the last 30 years – faster on average than the economy as a whole. Advancements in technology, equipment replacement and repair, the introduction of new medications, limited health care professional resources, retirement of the "Baby Boomer" generation, a targeted focus on quality improvement as well as staff and patient safety, and aging infrastructure combine to escalate health care costs. The financial capacity of the region is often outpaced by the demands of the health care system. The needs of clients, the size of the region, and the location of facilities and services create operational pressures for all departments.

Increasing technology and complexity of equipment make it necessary to contract services for preventative maintenance and repair which comes at a cost to the region. Due to advancements in technology, the services of the KTHR Information Technology department have experienced increasing demand. New programs being introduced and rolled out through the KTHR Information Technology department and several components of the region's business operations are beginning to converge as a result of technological changes. A growing trend toward increased access to information for decision-making, accountability, and compliance purposes is also impacting on the delivery of IT services regionally.

Costs associated with the delivery of health care services in a region that is geographically large are considerable. The region's population density is significantly less than that of the province. Travel costs associated with the delivery of health services to serve the somewhat remote area of the Northern Village of Cumberland House are significant. The Cumberland House Health Centre operates from 8 a.m. to 5 p.m. weekly with on-call nursing services after 5 p.m. and on weekends. Physicians from Nipawin travel to Cumberland House to provide physician services. Each month the clinic averages 929 clients with 15% of those presenting themselves after-hours. Nurse call-backs are made at significant expense to KTHR. Cumberland House is not funded like other communities in the north and the region is responsible for covering the travel costs for physicians and other health care professionals to visit the community.

Capital Infrastructure & Equipment

Kelsey Trail Health Region has benefited from significant investments in infrastructure capital this year. Through the provincial *Ready for Growth* initiative, KTHR received $2.74 million to address pressing infrastructure repairs, nurse call systems and safety upgrades throughout the region. In February, the Ministry of Health announced a $153 million investment in rural long term care facilities in the province which will see the replacement of two long term care facilities in the region.

Funding for capital projects can present significant challenges to the region. Capital projects designed to produce long-term savings require considerable investment. Escalating construction costs, rising technology and equipment costs and a shortage of skilled trades are elements of pressure the region will face as it moves forward with the long term care construction projects. Funding pressure is also placed on stakeholder communities who will be responsible for contributing 35% of the capital costs.

Capital equipment funding is provided annually to the region by the Ministry of Health however, the capital equipment requests within the region often extend beyond the funding provided. Specific criteria must be met in order for both provincial and federal capital funding to be accessed. Funding for the equipment the region requires for daily business operations in the areas of administration, building, food & nutrition, environmental & laundry services generally does not fall within the funding criteria.

Human Resources

Providing adequate physician resources to ensure safe, effective, accessible, quality care throughout the region is an ongoing challenge in KTHR as it is across the province and country. The ability of the region to recruit and retain physicians and other health care professionals in rural and somewhat remote locations has a significant impact on service provision and delivery.

Competing with urban settings and other provinces, the health region has invested in the services of professional physician recruitment agencies. The demands of rural on-call coverage, remuneration and the impact on quality of life result in the out-migration of rural family physicians from rural to urban settings. This exodus, in turn, is impacting on the ability of rural communities to maintain adequate health care services.

Kelsey Trail Health Region employs a significant number of long term staff resulting in salary payments at the highest step of pay grades and average vacation accrual rates of four to five weeks per year. The aging workforce impacts on absenteeism, injury and disability. Over the next two years, 90 employees are expected to reach early retirement eligibility. With the current shortage of skilled health care professionals, the health region anticipates recruitment will produce significant challenges as "Baby Boomers" begin to retire.

While the region is moving toward a more representative workforce, there is significant room to expand the representation of the Aboriginal population within the region into the KTHR workforce.

Patient & Staff Safety

Increased attention by Saskatchewan Labour, Occupational Health & Safety Inspection Officers, has resulted in improved compliance with applicable legislation regarding staff safety. Through the combined efforts of the regional Quality Health Workplace Committee and the Required Organizational Practices (ROP's) identified by Accreditation Canada, KTHR is working to change the culture of safety among staff, patients, clients and visitors. The region is focused on providing safe work environments to reduce workplace injuries and incidents. Increasing the quality of the work environment will impact staff engagement and job satisfaction which will improve safety and quality of care for clients.

This year, funding for the purchase of new equipment and educational training opportunities to support increased safety for staff and patients has allowed the region to achieve the goal to have 100 percent electric beds in all acute car facilities and all long term care facilities. The region is working toward maximizing track lifting in all long term care facilities.

Transforming the care and service experience through a focus on patient/client safety is among the region's key strategic directions. It is addressed through the regional Patient

Care & Safety Committee and ongoing partnerships with organizations such as Accreditation Canada, the Canadian Patient Safety Institute (CPSI) and Health Quality Council (HQC).

Kelsey Trail Health Region does not have a full-time Infection Control Coordinator. It has become increasingly difficult to maintain the standards set by both the province and Accreditation Canada without someone in this role on a full-time basis. Meeting and complying with Infection Control standards across the region requires substantial investment.

Health Care Organizations

The region acts as the accountable partner in contractual relationships with a number of independent Health Care Organizations (HCO's) and third parties for the delivery of health care services. The *Regional Health Services Act* defines a health care organization as an affiliate or a prescribed organization that receives funding from an Authority to provide health services

The ongoing financial monitoring, ensuring adequate resources are being provided, and accountability among HCO's is a priority for the region.

- The region has a contractual relationship for the delivery of emergency medical/ambulance services in a number of communities. Services include responsibility for access, care stabilization and transport of both acutely ill and injured clients. Emergency Medical Dispatch Services determine priority of emergency responses and dispatch Advanced, Intermediate or Basic Life Support crews.

  Accountability among contracted emergency medical/ambulance service providers is guaranteed through monthly reporting of Patient Care Service Performances and financial requirements. Reports on the continuing educational activities of each service are required annually, as are annual audited financial statements, proposed operating budgets, statement of remuneration of employees to provincial levels and statement of benefits paid on behalf of employees. Client satisfaction survey results are recorded and reported, as are reports on audits of at least 25% of all trips made by the service.

- Kelsey Trail Health Region has assumed the delivery of Mental Health and Addiction Services that were previously contracted within the community of Cumberland House. The region utilizes the former Pine Island facility for the delivery of these services.

- In the Town of Nipawin, the Nipawin Oasis Community Centre Cooperative Ltd. provides services such as the COPE day support program for clients with long term mental illness, a home support program, a vocational rehabilitation

program and a camp for persons with mental illness in the Nipawin area. This partnership has been enhanced and expanded with the signing of a one-year agreement between Kelsey Trail Health Region and the Oasis Community Centre.

- Hudson Bay & District Assessment and Resource Service (Hudson Bay ARS) has an agreement with KTHR that defines the provision of addiction services in Hudson Bay and area in conjunction with a counseling and referral program for industry in that community. The contract allows Kelsey Trail to maintain quality assurance and clinical support for counseling staff at Hudson Bay ARS. HBARS provides office space and reception support for the region.

Accountability of contracted services and care providers is monitored through a variety of means including receipt of the annual audited financial statements of the provider. Providing services through contractual relationships allows the region to meet the needs of all residents, regardless of location. This process meets the goals and objectives of both the region as well as those of the Ministry of Health.

Partnerships

- **Ministry of Health**
  The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHA's and ensuring the provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Document* defines the performance relationships between regional health authorities and the province. It articulates the organizational program, service and funding expectations of regional health authorities.

- **Saskatchewan Association of Healthcare Organizations (SAHO)**
  SAHO is a non-profit, non-governmental association of health agencies in Saskatchewan with membership that includes all regional health authorities and associations providing health care services. SAHO provides RHA's with leadership, a common voice, payroll and benefits, collective bargaining, OH&S support, representative workforce and educational resources.

- **Prince Albert Parkland Health Region**
  The region has an historical partnership with the Prince Albert Parkland Health Regional Authority in relation to the provision of Mental Health & Addiction Services, primarily in the areas of specialty mental health services. This partnership has been further enhanced with the introduction of the Northern Telemental Health project this year. The region's relationship with Prince Albert Parkland has been expanded through the F.A.S.T. Stroke Bypass protocol.

- **North East Understanding the Early Years (UEY)**
  Kelsey Trail was the accountable partner for the North East UEY research project. The three-year term for this research initiative concluded in December of 2008. Saskatchewan Population Health and Evaluation Research Unit (SPHERU) analyzed the data collected through the UEY project and disseminated the information to communities through a regional statistical report on the status of child development in the northeast.

- **Intersectoral Partners**
  The health region is an active partner on the Northeast Regional Intersectoral Committee (RIC) and local interagencies, partnering with the North East School Division, Cumberland College, the Department of Social Services and several other human service agencies. These groups facilitate and support community-based approaches and initiatives in responding to the needs of children, youth and families. Partnerships have been developed with community and First Nations leaders, Chambers' of Commerce, economic development groups and Community Health Advisory Networks (CHAN's).

- **Union Affiliates**
  The health region has respectful partnerships with three affiliations including the Saskatchewan Union of Nurses (SUN), the Health Sciences Association of Saskatchewan (HSAS) and the Saskatchewan Government Employees Union (SGEU).

- **Other Partnerships**
  Other significant partnerships include a variety of community level Foundation and Trust committees within the region, the Health Quality Council (HQC), the University of Saskatchewan, the Saskatchewan Institute of Applied Science & Technology (SIAST), the Northern Health Strategy, the Northern Chronic Care Coalition, the Northern Antibiotic Resistance Partnership (NARP), targeted and non-targeted *KidsFirst* initiatives, Prince Albert Grand Council, Saskatoon Tribal Council, Métis Nation Eastern Region 1 & 2, the Northern Inter-Tribal Health Authority (NITHA), the Aboriginal Employment Development Program (AEDP) and the Lakeland District Sport, Culture & Recreation.

Administrative Structure

The Chief Executive Officer (CEO) is responsible to the RHA for the general operations and daily administrative organization of the region. The CEO works with an Executive Management Team which includes the Vice-President Institutional & Emergency Care, Vice-President Human Resources, Vice-President Finance & Information Services, Vice-President Operations Support, Vice-President Community & Primary Health Care and Vice-President Medical Services/Chief of Staff. The Executive Assistant to the CEO and the Corporate Communications Officer serve as resources for the Executive Management Team.

Working with the CEO, the Executive Management Team is responsible for the overall operation of Kelsey Trail Health Region. The Executive Management Team serves as a resource to the RHA, has responsibility for seven Lead committees, and provides direction for strategic planning.

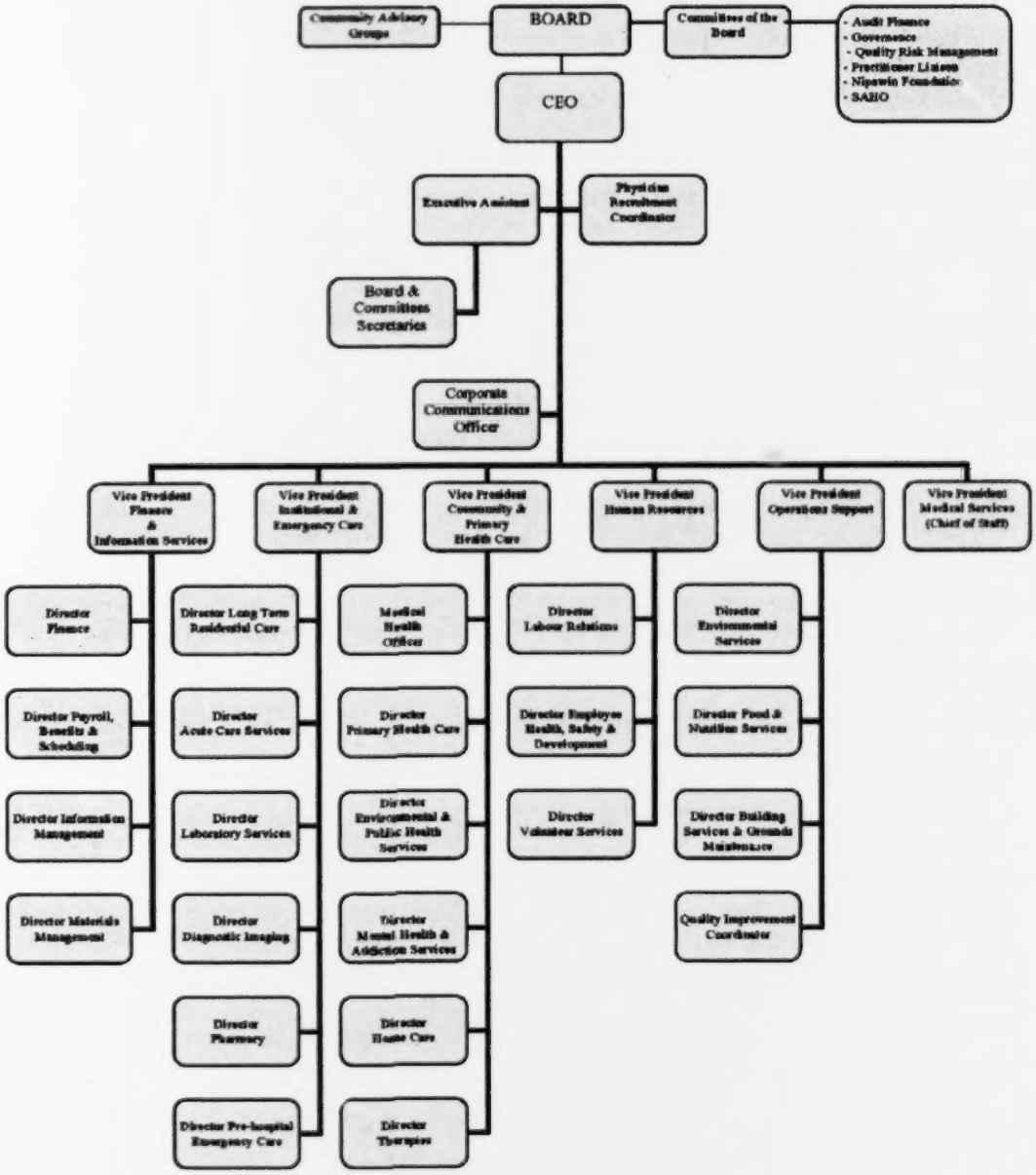
The Executive Management Team, along with three RHA members and the region's Quality Improvement Coordinator, are members of the Kelsey Trail Health Region Quality as a Business Strategy (QBS) team. Through participation in this Health Quality Council program, senior leadership and board members work together while learning to lead the integration of quality into the organizations systems. The QBS Leadership Learning Collaborative is designed to provide leaders with the tools to advance and connect quality with financial oversight, and to sustain improvements toward the organization's strategic aims.

In October 2008, the Executive Management Team introduced a new education, information and networking group. The Management Network expands on the membership of the former Senior Management committee to include Executive Management, Regional Directors, Facility Administrators and Program Managers.

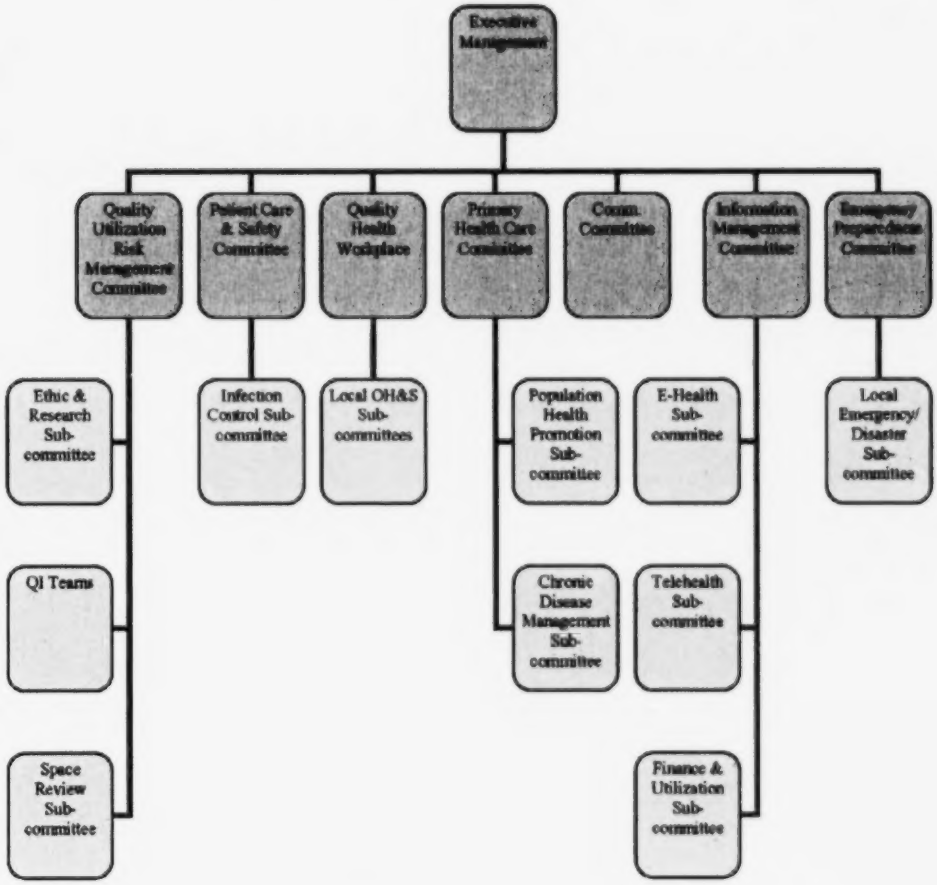
Executive Management developed and introduced a new committee structure to the organization in an effort to streamline the existing committee structure, enhance the efficiency and effectiveness of committees and committee members. The seven lead committees report directly to the CEO and Executive Management. They include the Quality, Utilization & Risk Management, Patient Care & Safety, Quality Health Workplace, Primary Health Care, Communication, Information Management and Health Emergency Operations Centre committees. Sub-committees and working groups are established to function within each lead committee.

Committee chairs report semi-annually to Executive Management. Goals, objectives and action plans synchronized with the region's strategic directions, the organization's Vision, Mission, and Values, and focus on patient/client/resident safety and quality of care are identified by each committee.

Kelsey Trail Health Region's Organizational Chart 2008-09



Kelsey Trail Health Region Lead Committees 2008-09

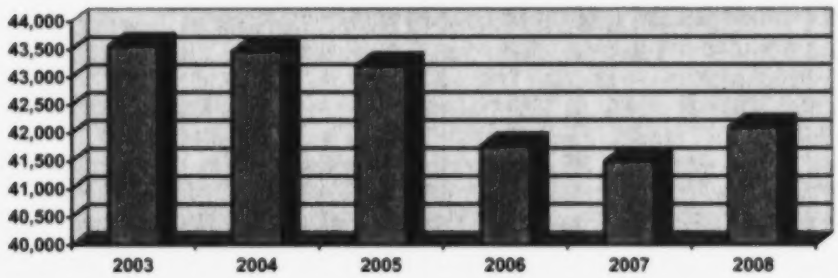


Our Region

Demographics & Other Factors

The Kelsey Trail Health Region encompasses a large geographic area in northeastern Saskatchewan, covering 44,369 square kilometres[1]. At just under .9 persons per square kilometre[2], the population is sparse when compared to the provincial average of 1.6 persons per square kilometre. The region's 2008 covered population is 42,098[3], an increase from the 41, 487 recorded in the previous year. This marks the first increase in the covered population since regionalization and represents a 1.45% increase in the population of the region from the previous year.

Kelsey Trail Health Region Covered Population 2003-2008

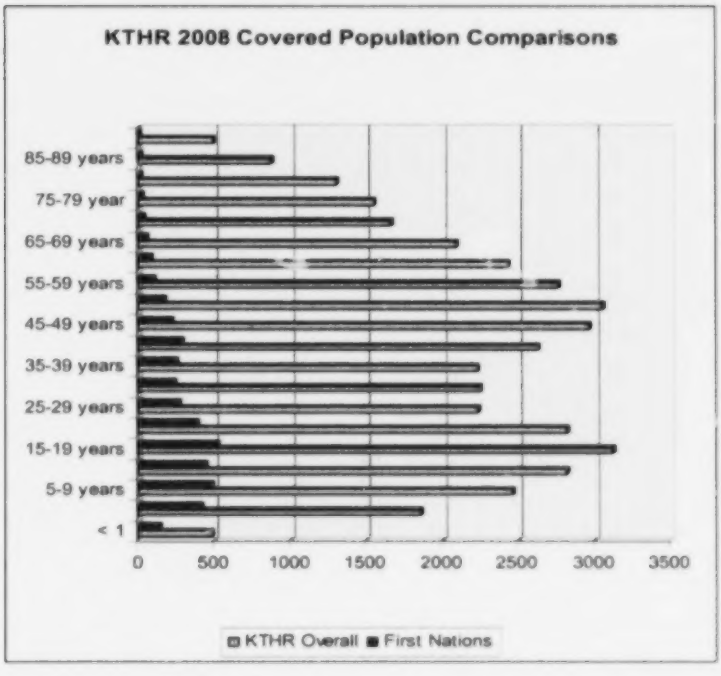


The population increase reflects a provincial trend. Between 2006 and 2008, there has been a 3.12% increase in the population of the province.

First Nation communities represent approximately 10% of the region's total population, a slight increase over the 2007 covered population statistic. The combined population of the First Nation communities of Red Earth, Shoal Lake and Cumberland House Cree Nation, Kinistin Saulteaux and Yellow Quill First Nations and the Northern Village of Cumberland House is 4,078[4].

The median age of the population in Kelsey Trail is 43.1 years[5], slightly higher than the provincial average of 38.7 years. Of the region's total population, 81% is 15 years or older, slightly higher than provincial statistics.

At 7.41%, the 15-19 year age group is the single largest group among the overall population of the region. The 50-54 year age group is close behind at 7.25%. Conversely, it is the under 40 age group that represents the largest percentage of the overall First Nation populations in the region at just over 76%. The 15-19 year age group is also the single largest component among First Nations age groups, representing 12.7% of the overall First Nations population.



In 1948, the *World Health Organization* declared health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This declaration supports the fact that there are a number of factors that contribute to the health of the individual. In 1998, *Health Canada* developed the Determinants of Health, a list of the factors that contribute to individual health. They include income, social support, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture.

The determinants of health are interconnected and, as a result, populations that are lacking or have difficulty accessing one or more of the factors of the determinants of health suffer disparities in health. Within the Kelsey Trail Health Region, many people experience challenges in accessing the resources that help to achieve physical, mental and social well-being.

The median after-tax income in 2005 among all 11,340 census families in the region was $42,361[6]. This is significantly lower than the provincial median after-tax income of $50,875. For the 1,380 single parent families in Kelsey Trail, median income in 2005 was $26,043, significantly less than the provincial rate of $38,577.

Among the population of the region that is 15 years or older, less than 26% has a high school diploma or equivalent. Forty percent of those 15 years or older do not have a certificate, diploma or degree whereas just 6.9% have attained a university certificate,

diploma or degree. Kelsey Trail Health Region has an employment rate of 60.4, slightly lower than the provincial rate of 64.6. The region's unemployment rate of 7.0 is higher than the provincial rate of 5.6.[7]

Following several years of decline, the provincial population appears to be stabilizing. Kelsey Trail Health Region is experiencing a similar trend. Immigration is adding significantly to the population at the provincial level and accounts for almost 2.3% of the total population of the region however, the majority of immigrants arrived in Kelsey Trail before 1991.[8]

Inter-provincial migration has and is expected to continue to have the greatest impact on the population. The number of people moving to Saskatchewan from other provinces, most notably Alberta and Ontario, has doubled over the past two years[9]. Despite the population increases within the region, long-term (20 year) population growth trends indicate primary future growth will be felt in urban centres, the bedroom communities surrounding urban centres, First Nation communities and in the populations in the far north.

The province has experienced unprecedented economic growth over the past year, growing 25% in 2008[10]. The record-setting growth the province has experienced has been attributed to increased demand for Saskatchewan products, particularly resources, and higher commodity prices. Saskatchewan leads the nation in most key economic indicators, including retail sales and wholesale trade, wage and employment growth, building permits and housing starts.[11] This economic optimism is mirrored in the Kelsey Trail Health Region despite some setbacks in the forestry and mining sectors.

Early in 2008, Weyerhaeuser followed up the closure of the oriented strand board plant in Hudson Bay with the announcement of the permanent closure of the Hudson Bay softwood plywood and Carrot River softwood stud mills, leaving many out of work. It has yet to be determined if the OSB Mill in Hudson Bay will be re-opened in the future. Weyerhaeuser plans to sell the softwood mills. The provincial government announced funding for revitalization projects in Hudson Bay and Carrot River as part of the Federal Government's $1 billion Community Development Trust to help support activities that will strengthen economic activities for communities negatively impacted by global financial and commodity market disruption.

Instability in the financial and diamond markets led to a decision by Shore Gold to scale back its 2009 budget and resulted in the lay-off of 89 of 100 on-site workers at the Fort a la Corne exploration site north of Melfort in early March 2009[12]. Despite the economic turmoil in the forestry and diamond mining sectors in northeast Saskatchewan, there was reason for continued optimism as Goldsource Mines Inc. undertook a winter drill program at the Border Coal Project near Hudson Bay[13].

The agricultural community continues to benefit from strong grain and oilseed prices that have been increasing since the fall of 2006. Northeast Saskatchewan has a total cropped area of about 3.5 million acres and boasts of some of the most fertile and productive soils in the province. Production includes a wide range of forage crops, feed grains, cereals

and oilseeds. The northeast also has a strong contingent of organic growers and production and demand continue to expand in this area

Among the numerous biofuel plants in the planning and development stages in the province, a biomass ethanol project using thermal-based processes to convert waste material to liquid fuels is currently in progress in Nipawin and is expected to benefit the northeast.

Plains Livestock opened a 10,000 head custom feedlot east of Mistatim in November of 2008 with a current capacity of 10,000 head. The facility has been designed to facilitate expansion to 25,000 head. The potential for expansion is considerable due to the potential for feedstock production and the high grain freight rates.

Hunting and fishing continue to be a multi-million-dollar business. Of the more than 200 active outfitters reported by the Saskatchewan Non-Resident White-Tailed Deer Outfitters as of December, 2005, just over 11% are located within the Kelsey Trail Health Region. Of those, an estimated 22% are in the Hudson Bay area.

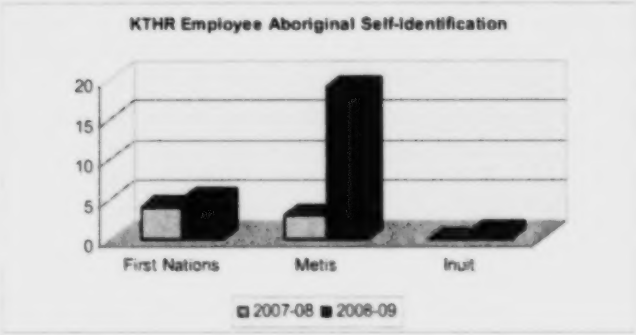
Due to the large geographic area of the region, accessibility to services, transportation and isolation continue to pose challenges for both residents and service providers. Significant distances between communities, coupled with the isolated location of the Northern Village of Cumberland House and the adjacent Cumberland House Cree Nation, produce challenges in the ongoing provision and accessibility of equitable and appropriate health care services.

A recurring theme in the northeast is the growing concern with the shortage of skilled and unskilled labour. The importance of this issue is reinforced at the provincial and national level. Low education levels, Aboriginal unemployment and an aging non-Aboriginal population are contributing to the labour shortage. The provincial employment rate for off-reserve Aboriginals increased to 66% percent in 2007, up from 61% in 2005[14]. Thirty-three percent more people were working in Saskatchewan in January, 2009 than January, 2008[15].

KTHR Employee Demographics

Kelsey Trail Health Region's workforce includes almost 1,600 employees representing 1,168 full time equivalents (FTEs). Approximately 30% of the region's total workforce is in the 50+ age category and almost 92.5% is female.

Among the total FTE's in Kelsey Trail, almost half are represented by full time employees. Forty-one percent are part-time with the remaining 9% casual. Provincially, 60% of FTE's working in the healthcare sector are full-time with almost 30% part-time.



Within the region, the number of employees self-identifying as Aboriginal increased from 7 in 2007-08 to 25 in 2008-09. In total, about 1.9% of KTHR staff have self-identified as Aboriginal. KTHR continues to work toward the goal of achieving a more representative workforce. Toward this end, KTHR is one of 27 partners in the Aboriginal Employment Development Program in Nipawin who share the common vision to achieve a more representative workforce in the northeast.

The region's nursing staff totals of 249 and includes Registered Nurses, Registered Psychiatric Nurses and Nurse Practitioners, an increase of 13 over the previous year. The registered nursing staff is supported by 106 Licensed Practical Nurses and 477 Special Care Aides/Home Health Aides.

A significant percentage of Kelsey Trail employees are long-term. Forty-five KTHR employees retired in the 2008-09 fiscal year. In total, 83 employees reached the Rule of 80 eligibility in 2008-09 and continued working for the region.

Thirty-six percent of the province's population older than age 55 is involved in paid employment as compared to 30% five years ago[16]. This trend is expected to continue as the province's senior population continues to grow. In KTHR, statistics show similar results as seven nurses retired, three of which were rehired in the 2008-09 fiscal year.

The single largest challenge the region continues to face is in the area of recruitment, with physician recruitment among the highest priorities. Physician recruitment challenges are not specific only to KTHR, resulting in a highly competitive recruitment market. The region addressed this issue through the hiring of a dedicated, part-time Physician Recruitment Coordinator in 2008-09. The region invested in the services of professional physician recruitment agencies. In partnership with the provincial government and some communities, KTHR provides various recruitment incentives to attract physicians and other health care professionals.

In 2008-09, the health region experienced a net loss in physicians. Physician shortages were compounded by the loss of three family physicians from Nipawin, one from Tisdale and one from Melfort. Two physicians relocated their practice from Nipawin to Carrot River but continued to provide on-call coverage at Nipawin Hospital. Recruitment efforts were successful in bringing one new physician to the community of Tisdale. Melfort, Nipawin and Tisdale all continue to operate below the ideal complement of family physicians with the Nipawin area experiencing the most critical shortage. At present, the physician shortage appears not to have impacted the provision of services. However,

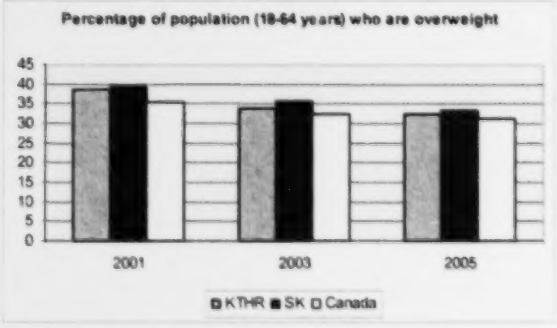
timely and appropriate access to physicians is becoming an increasing concern among residents, many of whom are unable to acquire a family physician. In the community of Nipawin, the issue of physician access has resulted in increased use of the Emergency Room/Outpatient Department for non-urgent medical care issues. Changes to the licensing requirements for physicians to enter practice in Saskatchewan proposed by the College of Physicians & Surgeons of Saskatchewan may have an impact on the region's ability to recruit qualified internationally trained graduates in the future.

Kelsey Trail Health Region has experienced some success in nursing recruitment. In May of 2008, KTHR nurses were among the membership of the Saskatchewan Union of Nurses (SUN) that voted 78% in favour of accepting a new contract that will see a general duty nurse's wage increase by nearly 35% over the course of the four-year agreement. The reintroduction of the provincial psychiatric nursing course is expected to help address a shortage of registered psychiatric nurses. During the year, a nursing shortage forced the Tisdale Hospital to temporarily reduce its regular capacity of 20 beds to 15. The same strategy was employed to address nursing shortages in the Nipawin Hospital on two occasions during the year.

The region has position vacancies in the areas of Biomedical Engineering, Nurse Practitioners, Health Information Practitioners, Physiotherapists, Public Health Inspection, and Nurse Managers. The region also faces challenges in the recruitment of qualified, skilled support staff in the areas of Food and Nutrition, Environmental and Laundry, and Building Services.

Health Status & Outcome Indicators

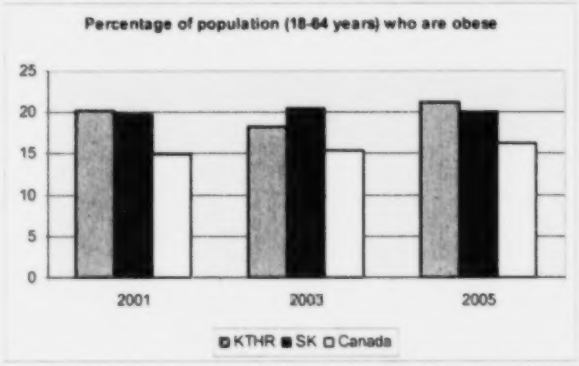
Obesity is a major risk factor contributing to a variety of chronic conditions including type II diabetes and heart disease. Reducing the risk of obesity decreases the risk of a variety of other chronic conditions such as cardiovascular disease, type II diabetes and certain types of cancer. Factors that contribute to rates of obesity include levels of physical activity, genetics, parental modeling and environmental factors in the home, work and school setting, socio-economic status, education and socio-cultural influences.



High rates of obesity impact on conditions such as heart attack and stroke, the prevalence of type II diabetes, osteoarthritis and other joint disorders, quality of life, mental health conditions such as depression and anxiety as well as the overall feeling of personal health and well-being.

While the regional percentage of the population (18-64 years) considered overweight has decreased, there has been an increase in the percentage of the population that is considered obese.

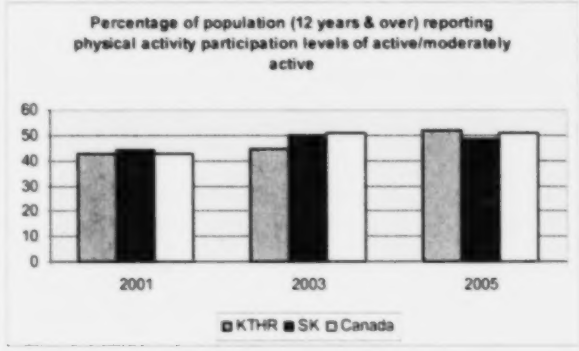
At 32.5%, the percentage of the population considered overweight is slightly lower than the provincial average of 33.2% and slightly higher than the national average of 31.28% based on the current Canadian Body Mass Index (BMI) standard of 25.0-29.9.



The population of KTHR reports a rate of obesity significantly higher than the national rate of 16.19%. A B MI greater than 30 is considered obese. In KTHR, 21.17% of the population 18-64 years of age is considered obese.

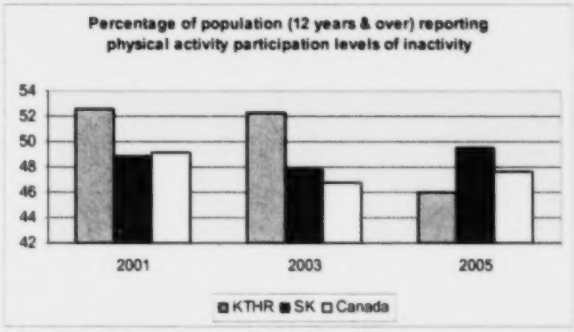
Physical Activity participation can result in a wide range of health benefits. In addition to affecting body weight, maintaining physical activity can have a positive impact on mortality and morbidity rates related to cardiovascular disease, the prevalence of depression, and the incidents of diabetes. There are also a considerable number of economic benefits associated with physical activity including reduced health care costs and increased productivity.

Kelsey Trail Health Region's level of active/moderately active physical activity levels has been increasing since 2001 and is currently higher than that of both the province and the nation. Between 2001 and 2005, there has been an increase in the population reporting active or moderately active physical activity participation rates of over 9%.



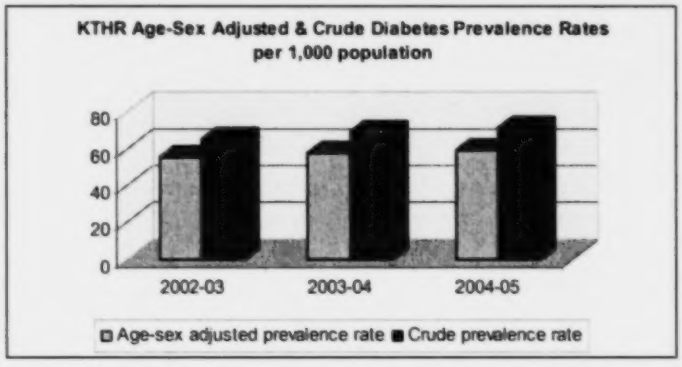
The percentage of the population reporting inactive levels of physical activity participation has steadily decreased over the same period of time and is currently lower than that of both the province and the nation. At 46.02%, the rate of those reporting inactivity has decreased by 6.6% since 2001.

KTHR has a rate of inactivity below that of both the province and the country, which have both reported slight increases in inactivity. Recently, there has been significant concern with the inactivity level and rising obesity level among Canadian children and youth.

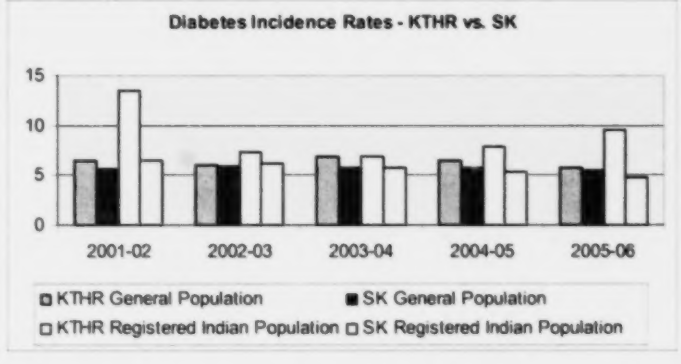


Diabetes is a progressively debilitating disease associated with several chronic disease complications. It has an effect on quality of life and carries high utilization costs. Factors that contribute to diabetes include age, sex, genetics, nutrition, obesity, ethnic background, physical inactivity, viral infections and other dynamics such as smoking, alcohol use, hypertension, heart disease, gestational diabetes and stress.

The 2005-06 age-sex adjusted incidence rate of diabetes is 5.3 per 1,000 population in the Kelsey Trail Health Region. The region's 2005-06 age-sex adjusted prevalence rate is 63.0 per 1,000 population. Non-treaty Indians and Métis people are included in the general population figures.

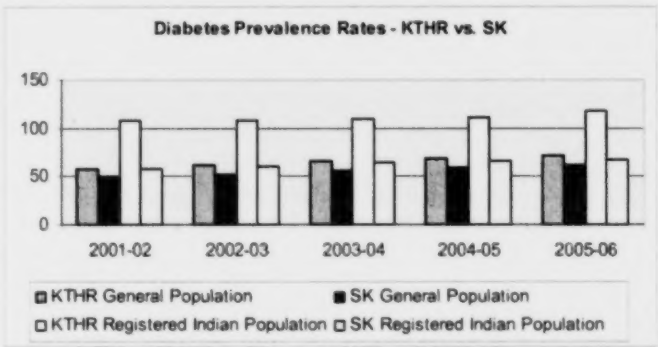


According to provisional data provided by the Population Health Branch of the Ministry of Health, the incidence rate of diabetes in Kelsey Trail Health Region is decreasing among the general population but increasing among the Registered Indian population. The incidence



among the Registered Indian population in is approximately two times greater than that of the province. Within both the Registered Indian and general population of KTHR, the incidence of diabetes is higher among females.

In 2005-06, the diabetes incidence rate in the general population was 5.8 per 1,000 population as compared to 9.5 for the Registered Indian population. In the Registered Indian population, the incidence rate among females was 10.2 as compared to 6.2 among the general population.

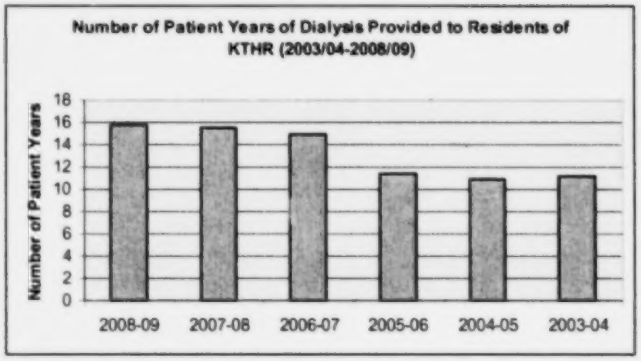


Like the provincial trend, the diabetes prevalence rate among both the general and the Registered Indian populations in the region is gradually increasing. Among the general population, the prevalence rate has increased about 25% since 2001-02. The prevalence rate among the Registered Indian population has increased by 10% over the same period. The prevalence rate among the general population is almost equally split between males and females. Among the Registered Indian population, the prevalence rate is 128.5 among females as compared to 107.8 among males. The prevalence rate among the KTHR Registered Indian population is almost twice that of the provincial rate.

Provincially, the number of people diagnosed with diabetes has increased from 29,921 in 1996-97 to 63,055 in 2005-06[17]. It is estimated that about one-third more have the condition but are undiagnosed. Preliminary data does indicate the number of new cases diagnosed in 2005-06 is lower than any of the previous four years in both the general and Registered Indian populations in the province. The decline is being partially attributed to the prevention and population health work that has been undertaken over the past ten years by the Ministry of Health, regional health authorities and key stakeholders.

The number of patient years of dialysis provided to residents of the region between 2003-04 and 2007-08 has grown in correlation with the increase in the incidence and prevalence of diabetes. Kelsey Trail Health Region currently operates a satellite dialysis unit from the Tisdale Hospital. Satellites are funded to provide a specific number of patient years of dialysis given the size and operating hours of the satellite.

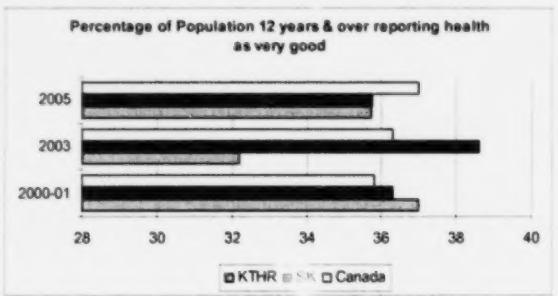
Since 2003-04, patient years of dialysis have increased by 40% regionally as compared to 25% provincially. One patient year is equivalent to 156 hemodialysis treatments (three times per week/52 weeks per year). In KTHR, the number of patient years provided has steadily increased from 10.89 in 2004-05 to 15.74 in 2007-08.



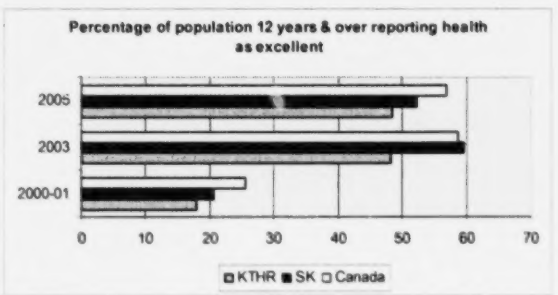
Between 2004 and 2008, the regional dialysis unit has reported a 46.7% increase in patient numbers. The satellite unit currently has four chairs/stations that accommodate 16 clients with end-stage renal disease. Between January of 2008 and February of 2009, the region's waiting list has steadily increased from three to eight medically stable patients waiting to access dialysis treatments in the region. As a result, KTHR has submitted a proposal to the Ministry of Health for the expansion of the of the satellite unit located at Tisdale Hospital.

Self-Rated Health Status is a general indicator of the overall health status of individuals. Factors that contribute to self-reported health status ratings include age, sex, mental health, the prevalence of chronic conditions, socio-economic status, and lifestyle factors such as smoking, alcohol and drug use, physical activity and nutrition. Self-rated health status may impact on other indicators such as the use of health services, the use of diagnostic tests, and patient satisfaction ratings.

At 35.73%, the percentage of the KTHR population reporting health status as very good is slowly moving back toward the 2000-01 high of 37%. The current percentage of the population reporting very good health status is similar to that of the province at 35.74% and slightly lower than the Canadian average of 37%.



The percentage of the population of KTHR reporting their health as excellent has steadily increased since 2000-01, moving significantly from 17.9% to 48.35% in 2005. The regional percentage remains below the provincial rate of 52.35%. The national rate is 56.89%.



Life Expectancy is a widely used indicator of the health of a population. In developed countries, life expectancy is related to socioeconomic factors such as poverty and education levels. It tends to be higher for women than men which may be related to risk-taking behaviour, use of health care services and the adoption of healthier lifestyles. Life expectancy is an indicator of the quantity, rather than quality, of life.

Several factors contribute to life expectancy. Those in a lower income brackets tend to have lower life expectancy as do First Nations populations and northern communities. Aspects of quality of life, such as activity limitations, and lack of or inequitable access to health care services can also contribute to life expectancy. Gender, the behavioural determinants of health such as nutrition, body weight, physical activity and smoking, and rural residency may also impact life expectancy.

In Kelsey Trail Health Region, life expectancy at birth has increased slightly between 1997 and 2001 for both males and females. The life expectancy at birth for males, at 75.6 years, is slightly below the provincial average of 76.2. For females, the average 82.5 years is slightly higher than the provincial average of 81.8 years. At 65 years, life expectancy is 17.2 for males and 21.6 for females. Both are slightly above the provincial average.

Infant mortality is one of the most widely recognized indicators of the overall health of a population. It reflects the level of mortality, health status and health care of a population, the effectiveness of preventative care and the attention paid to maternal and child health. Infant mortality also reflects on broader social factors.

Infant deaths warn of possible deficiencies in the physical and socio-economic environment, nutrition, education or health of the community. Factors that may contribute to infant mortality include low birth weight, lack of or late entry into prenatal care, substance use, prenatal nutrition and diet, congenital anomalies, the age of the mother at pregnancy and local factors of disparity. In Kelsey Trail Health Region, the 2002-04 infant mortality rate was 8.1 per 1,000 live births.

Emerging Health Issues

The health region works collaboratively with the Ministry of Health and Health Canada to maintain an awareness of emerging health issues. They are identified and addressed on the basis of priority.

Kelsey Trail Health Region has a growing Aboriginal population. Working with Aboriginal communities, three issues have been identified as priority concerns for the Aboriginal population: socioeconomic status; mental health and addictions trauma; and chronic disease (high rates of smoking and diabetes). Other issues include health care system access, the high incidence of sexually transmitted infections, MRSA and infant mortality rate.

The incidence of diabetes is growing in the region. The demand for regional dialysis services as the result of end-stage kidney disease is not keeping pace with the growing incidence of diabetes.

Chronic disease management continues to be a major focus in KTHR with the continuation of strategies to address diabetes, hypertension, the overweight and obese, high rates of inactivity levels in the region, arthritis, sleep apnea, COPD and Asthma.

As the accountable partner for the Nipawin *KidsFirst* program, KTHR is responsible for the provision of services to approximately 52 families, 60% of which are Aboriginal. This program is among nine targeted *KidsFirst* programs in the province under evaluation by the Saskatchewan Population Health Evaluation and Research Unit (SPHERU).

KTHR was the accountable partner in the North East Understanding the Early Years (UEY) research project that concluded in December 2008. The North East UEY project examined the challenges facing each study area through development of a social risk index that took into account risk factors that have been shown to hinder children's health and income levels, the number of single parent families and reliance on government transfers. Scores were evaluated out of a possible 8 with 1 considered low and 8 considered high. Of concern, were Melfort's score of 5 (high moderate) and the First Nations study area (Red Earth and Shoal Lake) score of 6 (high) which indicates multiple socioeconomic challenges.

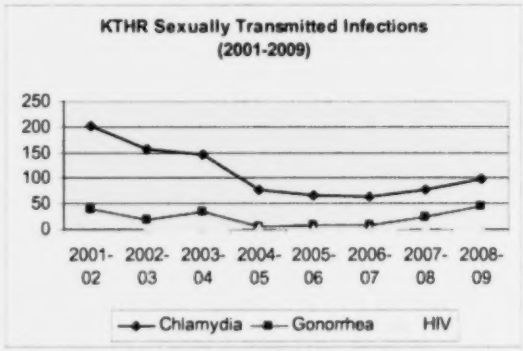
There is some variability in school readiness performance across the North East UEY study areas. Children in the North study area scored consistently below the Canadian average in all five areas of evaluation. Children in Melfort scored below the Canadian average significantly in the areas of social competence and emotional maturity. The children of the Red Earth and Shoal Lake First Nations scored lower in language and cognitive development, communication skills and general knowledge, and physical health and wellbeing.

Results of the study indicated access to educational resources was mixed. The North (the area representing Nipawin and surrounding area) reported fewer educational resources than the three communities with the greatest number of resources – Melfort, Tisdale and Hudson Bay. The First Nation communities of Red Earth and Shoal Lake reported fewer educational resources which is a concern considering almost one quarter of the population is between 0 and six years old. Access to recreational resources is mixed. The First Nation communities of Red Earth and Shoal Lake had the fewest recreational opportunities.

Through the Community Mapping Study developed as a result of the North East UEY study the links between families; communities and children's development have been clearly illustrated. Communities are being encouraged to participate in addressing the community challenges that are hindering children's readiness to learn. By building on community strengths which create supportive environments for children and families, and addressing the community challenges being faced by children and their families, Kelsey

Trail Health Region is committed to playing a supportive role in ensuring children in the North East UEY study area have the best possible start in life.

The number of lab confirmed cases of sexually transmitted infections (STI's) has increased substantially since 2006, jumping from 71 to 143. The increase is due to enhanced surveillance through expanded physician testing.



While it appears that the region experienced a sharp drop in lab positive cases of Chlamydia, beginning in 2004-05 First Nations data was not included in the regional statistics. Over the last two years the number of lab positive cases of Chlamydia increased from 78 in 2007-08 to 99 in 2008-09. The number of lab positive cases of Gonorrhea nearly doubled over the same period, moving from 25 cases in 2007-08 to 44 in 2008-09. Client compliance regarding treatment and contact identification continues to be an issue. Public Health is taking more of an active role in client notification.

Kelsey Trail Health Region continues to see new cases of Hepatitis C with nine new cases reported this fiscal year. Public Health nurses provided follow-up up to 82 clients diagnosed with Chlamydia pneumonia. Public Health also continues to provide follow-up to a large number of community acquired cases of MRSA. The region has seen an increase in MRSA over the past three years. In 2008-09, 59% of the cases reported were non-First Nations while 41% were reported from First Nations. In the past, the opposite has been the case. Kelsey Trail Health Region continues to be part of the Northern Antibiotic Resistance Partnership and the MRSA five-year study.

While the number of animal bites reported has increased to 82 from 68 reported the previous year, there has been a decline in the number of victims requiring rabies immune globulin and rabies vaccine.

The influenza immunization rates for KTHR employees have ranged from a low of 54% to a high of 65% over the past five years. In 2008-09, 59% of the region's health care providers received influenza immunization, a 1% increase. While the influenza immunization rates for special care home residents remains over 80%, the immunization rates for special care home staff has been between 51% and 57% over the past four years. The region has successfully increased flu immunization rates among six to 23 month olds from 17.9% in 2006-07 to 29.6% in 2008-09.

Regionally, public health nurses struggle to meet the demands associated with providing travel health clinics. Travel health vaccine sales have increased by almost 60% over the past three years, growing from 1,268 in 2006-07 to 2,016 in 2008-09. With limited

public health nursing resources, meeting this increased demand presents challenges for the region. The impact has been the removal of public health nurses from health promotion and community development initiatives and disrupted the delivery of other services. KTHR is a partner in a provincial travel health review being developed through a contracted arrangement with the Regina Qu'Appelle Health Region. A provincial public health review is underway.

Dental health status plays a role in determining overall health and tooth decay is the most common chronic childhood illness. The results of the KTHR Dental Health Screening Program 2003-04 indicate tooth decay affects between 51 and 63% of Kindergarten and Grade 1 students in the region. Children who live in communities with access to fluoridated water supplies have a lower average rate of decay than those children living in communities without access to fluoridated water. Only 26% of the region's population has access to fluoridated water which is a concern.

Emergency Room utilization data indicates a gradual increase in Emergency Room use at both the Kelvington and Nipawin Hospitals over the past two years. In Kelvington, emergency room/outpatient visits have steadily increased over the past four years from 4,528 in 2004-05 to 5,320 in 2008-09. Of those, 26% were considered emergent or urgent. While the Kelvington Hospital catchment area has not changed significantly over the past few years, the stability and the reputation of the physicians serving the community has resulted in the steady migration of clientele to Kelvington from surrounding communities. Frequent physician turnover and ER closures in neighbouring communities has contributed to the migration.

At Nipawin Hospital, 15,916 emergency room visits were recorded in 2006-07 with 17,132 recorded in 2008-09. Less than 20% of visits were considered emergent or urgent. Over the past three years, emergency room/outpatient department use in Nipawin has increased by 76%. The increase is attributed to a shortage of physicians in the community and limited recruitment success.

2008-09 Performance Results

The Ministry of Health has developed an accountability framework that defines and clarifies the performance relationship between itself and the Kelsey Trail Regional Health Authority. The Accountability Document establishes the Ministry's expectations for the region, focusing on the prudent and ethical use of funds.

A key role of the RHA is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. With a focus on patient/client, financial, access to quality health services and providers, these key perspectives translate the region's vision, goals and priorities into a comprehensive set of performance measures, providing a framework for implementing organizational strategy.

Patient/Client

Kelsey Trail Health Region regularly reports on and monitors activities and issues facing the health care system and the health and well-being of residents. A wide variety of activities have been undertaken in the 2008-09 year to enhance and maintain communication and relationships with employees, stakeholders, the public and others.

Throughout the year, the region sought the input of partners, stakeholders and members of the public on a number of initiatives. In partnership with Saskatchewan *InMotion,* Primary Health Care Provider Teams in Tisdale and Nipawin hosted Living Together Symposiums that brought community partners and concerned citizens together to discuss the physical inactivity epidemic and develop realistic strategies for turning the trend around. The region was involved in meetings with municipal leaders to develop joint strategies for physician recruitment and retention and was involved in the production of material for an online physician recruitment project that the University of Saskatchewan's College of Medicine featured on its website. The region was involved in a DVD project with a Communications 20 class from Tisdale Middle & Secondary School resulting in the production of a physician recruitment video.

KTHR has addressed health care access issues, including the inability of residents to access the services of a family physician, the occasional temporary closure of emergency rooms, and temporary acute care bed reductions as the result of nursing shortages.

The region maintains good working relationships with area broadcast and print media outlets. Regular employee and public communication is addressed through multiple means including the region's external and internal websites, newsletters, advertisements and regular meetings of the RHA. In addition to issuing health risk alerts and change in service information, the region issues informative media advisories, public service announcements and news releases that explaining challenges and steps that are being

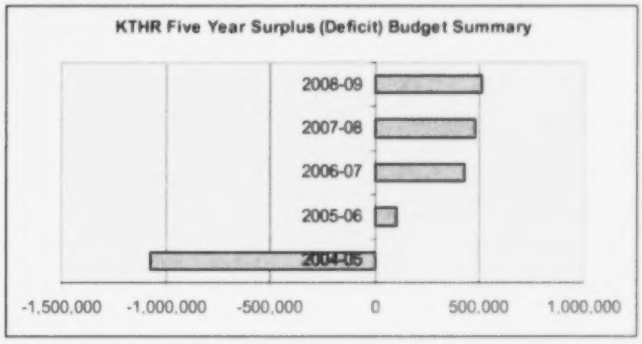
taken to resolve them. The region launched a Primary Health Care awareness campaign and began the presentation of Population Health Promotion Recognition Awards to increase knowledge and awareness in these areas.

KTHR participated in a Telehealth patient satisfaction survey that indicated great acceptance and positive support from patients involved in Telehealth clinical appointments. The region was involved in the Provincial Patient Experience Survey. The residents and health care service providers from the Kelsey Trail Health Region have been invited to share their feedback on their experiences with Saskatchewan's health care system through the Patient First Review launched by the Ministry of Health in the fall of 2008.

The region has hosted events in an effort to honour and recognize employees for preceptor recognition and long service and has expanded staff education opportunities with the introduction of the first annual Patient Care & Safety Education Day. Workplace wellness is reinforced through the annual Health Retreat event for staff. Members of the public are recognized for contributions to the region through annual volunteer appreciation events held during the month of April. They were also invited to participate in a regional palliative care conference, arthritis and diabetes education days as well as other programs and events throughout the year.

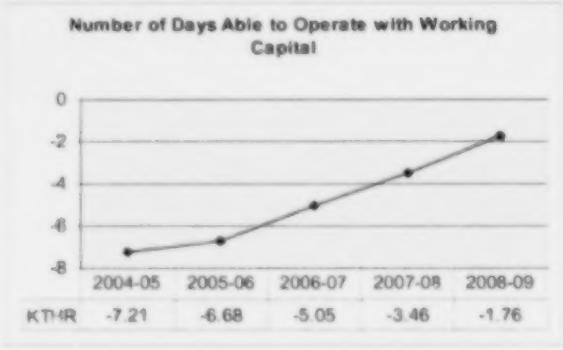
Financial

Kelsey Trail Health Region recorded a $507,865 surplus in 2008-09, well over the $12,380 budget forecast. The 2008-09 budget was based on budgeted revenues of $91,249,322, an increase of 2.39% over the previous year. Expenditures increased by 2.94% over the same period.



The 2008-09 surplus represents 0.5% of the region's actual operating expenditures, similar to the previous two years. Working with the Ministry, the region was able to achieve a budget surplus while maintaining efficient, effective, quality health services. As the organization continues to work toward regionalization, increasing efficiencies are being realized.

Working capital days indicate the number of days the region is able to operate with working capital. In 2008-09, the region's working capital days were -1.76. Over the last five years, the region has progressively achieved an improvement in working capital days.



The region's expenditures, in the program support funding pool, expressed as a percentage of overall operating expenditures, measure how much the region spends on "administrative services" relative to total operating costs. Kelsey Trail Health Region's expenditures represent 5.5% of the region's total operating expenditures of $91,236,942.

Access to Quality Health Services

Temporary access or waiting for services can result in harm to those that exhibit alcohol and drug addiction as well as their families. Delays in accessing services can also discourage individuals from seeking treatment in the future.
In the Kelsey Trail Health Region, the average wait time for admission to alcohol and drug outpatient services has decreased from 11.6 days in 2007-08 to nine days in 2008-09.

Currently, the region accesses inpatient services through either the Prince Albert Parkland or Saskatoon health regions. Alcohol and drug detoxification and stabilization services are also available to the region through the Saskatoon and Prince Albert Parkland health regions.

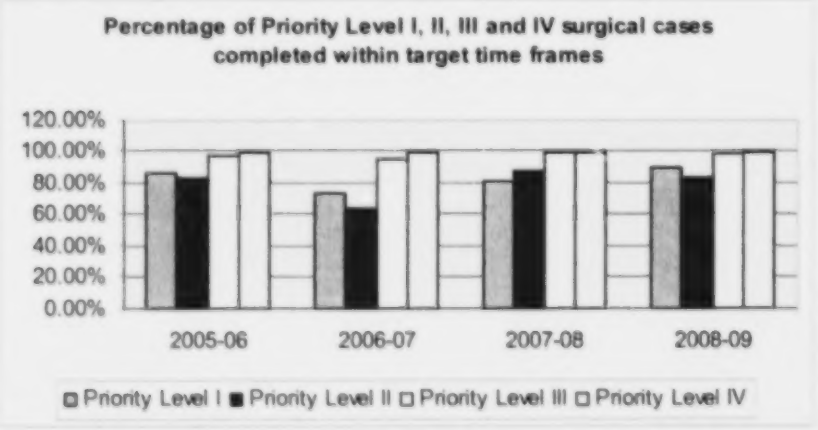
Kelsey Trail Health Region's Surgical Services committee reviews the surgical services provided in the health region, monitors the health region wait list and makes recommendations for reducing wait times and maximizing utilization of operating rooms. The committee assists in prioritizing surgical equipment needs and assists with the development of surgical policy. The region has streamlined scheduling and inputting into the Saskatchewan Wait List Program for the region's OR services.

The region performed 96.6% of the surgical cases it was targeted to complete by the Ministry of Health for a total of 1,120 surgical cases. The target was set at 1,160. This year, the Ministry did not have a volume target for surgeries with Kelsey Trail for 2008-09 therefore the target was set to the number of surgeries performed the previous year. Kelsey Trail currently has one general surgeon. The region does have available operating room time and is trying to recruit additional itinerant or visiting surgeons as well as a second general surgeon.

The percentage of Priority Level I, II, III and IV surgical cases completed within target time frames is indicative of the number of patients that have received their surgery within an appropriate time based on their condition and their status. Target time frames by priority level have been developed by the Saskatchewan Surgical Care Network (SSCN) through the Patient Assessment Tool and Urgency Profiles. With the exception of Priority Level II, the region is meeting and exceeding the targeted time frames for surgery. Those that are past the targeted time frame are due to OR surgeon and staff availability.

Indicator	KTHR	SK	Target
Percentage of Priority Level I, II, III & IV surgical cases completed within target time frames			
Priority Level I	89.6%	57.8%	**95%**
Priority Level II	83.3%	48.2%	**90%**
Priority Level III	98.0%	68.6%	**90%**
Priority Level IV	100.0%	88.0%	**90%**

Current target time frames for surgical cases on wait lists state that no patient should wait over 18 months for surgery. The goal of the Ministry of Health is to increase the volumes of medically necessary procedures where patients are waiting excessively long times for surgery, in additional to managing waitlists in a more efficient manner in order to reduce the maximum wait time. Kelsey Trail Health Region has consistently had no one on the wait list for surgery for 12 or more months during the period from March 31, 2005 to March 31, 2009. As of March 31, 2009, there were 140 surgical cases on wait lists in Kelsey Trail. All of theses cases have waited for surgery for less than six months.



Currently, 53% of the population of the region have geographic proximity to primary health care teams, well above the provincial average of 31% yet lower than the 63% the region recorded the previous year. Although the percentage of the population with access to primary health care teams has not changed, the decrease in the region's statistics is a

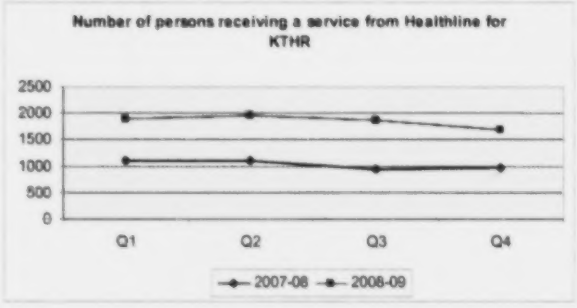
reflection of a change in the method the Ministry of Health uses to calculate the percentage.

The region currently has primary health care teams serving the communities of Arborfield, Carrot River, Zenon Park, Naicam, Hudson Bay, Nipawin, Porcupine Plain and Tisdale and as such, is over half way to achieving the provincial target of 100% access by 2011.

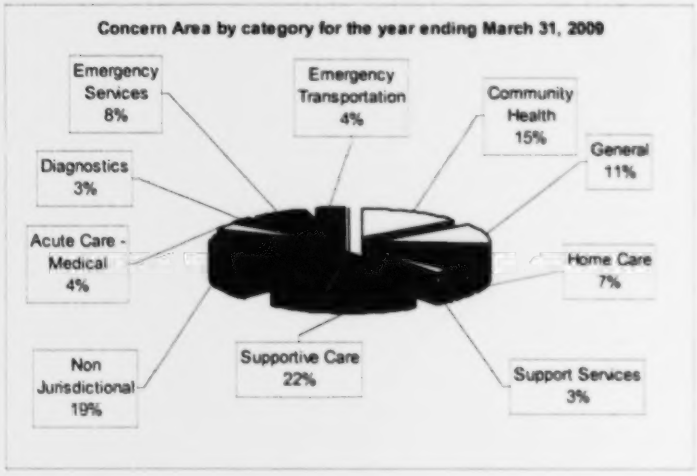
On average, 10,623 discrete clients received primary health care services in Kelsey Trail Health Region each quarter during the 2008-09 fiscal year which is an overall increase over the previous year. Discrete clients are the patients that have sought the services of a primary health care team within the health region. Patients are only counted once by the team and patient residence is not necessarily within the region.

Over the past three years, the region has experienced a gradual increase in the number of discrete patients receiving primary health care services. This increase is being attributed to the efforts and success of the KTHR Primary Health Care Provider Teams with the support of the provincial Primary Health Care Services Branch.
Kelsey Trail Health Region has a Business Continuity Plan (BCP) in place for Information Technology and continues to progress toward the completion of a Business Impact Analysis for the remainder of services.

In total, 3,297 residents of the region received a service from the provincial *Healthline* in 2008-09, 25% less than the previous year. *Healthline* is a key strategy to support Primary Health Care teams and access to health information and advice to all residents of Saskatchewan. It is staff 24 hours a day by Registered Nurses who provide advice and information to callers. *Healthline* has been providing this service since 2003.



The number of client contacts is defined as the total number of clients who reported a new concern to the regional Quality of Care Coordinator (QCC) during the fiscal year. The total number of concerns is defined as the total number of concerns initiated during the fiscal year. It is important to note that a single client contact may result in the report of more than one client concern. Most concerns are initiated and resolved within the same fiscal year. However, some concerns may not be resolved until the following year. These include concerns brought forward late in the fiscal year and those which require more extensive follow-up.

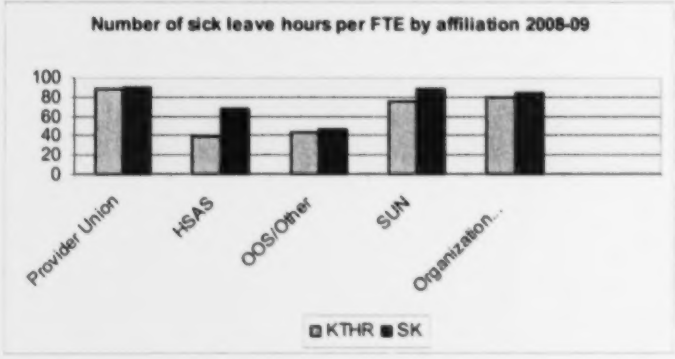


In Kelsey Trail, the number of client concerns reported this fiscal year has increased significantly, moving from 149 in the previous year to 264 in 2008-09. In total, 232 concerns were closed of which over 96% were resolved in less than five days. The main issues of concern continue to be consistent, with long term care placement and lack of access to physicians in communities the most prominent. The increased number of complaints may be partially attributed to the physician shortage in the region, leaving a number of residents without access to a family physician.

Providers

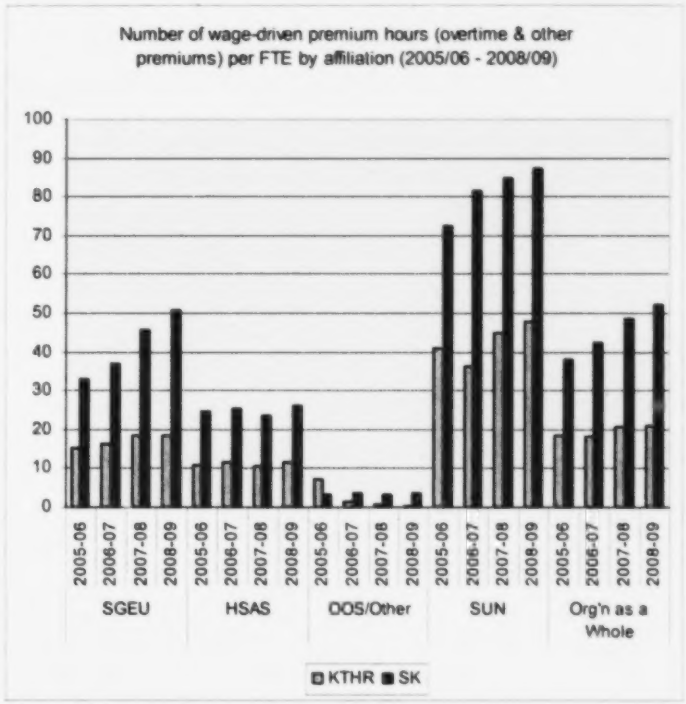
Work absence is the failure of employees to report for work when they are scheduled to work. Business leaders and trade unions identified low absenteeism rates/high morale among the top five indicators of a healthy workplace[18]. Absenteeism is one of the five "Quality of Worklife Indicators" identified by the Canadian Council on Health Services Accreditation (2000).

Statistics Canada Labour Force Survey indicates that those in health occupations are more likely than those in other sectors to miss work due to illness or disability. In 2000, on average, 7.2% of full-time workers in health occupations missed work each week due to illness or disability. Saskatchewan's rate was 8.0%. Professional nurses, who comprise the largest professional group of the health workforce in Saskatchewan, have the highest rate of absences of any occupation.

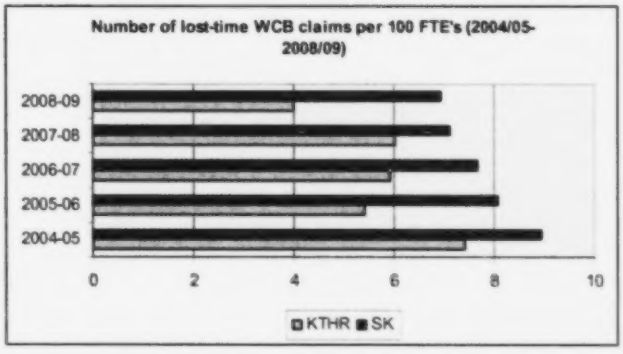


The region is placing significant emphasis on improving attendance in the workplace however the region's sick leave hours per FTE have increased. The organization as a whole recorded 79.39 sick leave hours per FTE in 2008-09 as compared to 72.13 in 2007-08. Despite the increase, Kelsey Trail remains below the provincial average of 84.09.

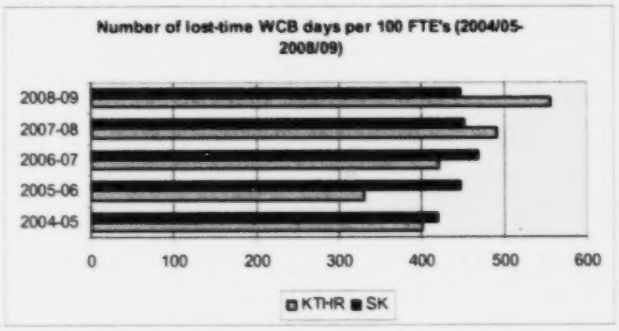
For the third consecutive year, KTHR has the second lowest number of wage-driven premium hours (overtime and other premiums) per FTE by affiliation for the organization as a whole. Overtime hours have become an increasing concern for health regions over the past few years. Historically, overtime hours have not been funded by Saskatchewan Health which results in these funds coming directly from the health region's operating budget. Overtime, like absenteeism and high levels of Workers' Compensation Board (WCB) claims may be indicative of a wide range of workplace issues. Kelsey Trail is working to address issues like absenteeism and overtime and this is reflected in the region's rate of 21.09 in 2008-09, which is more than two times less than the provincial rate of 52.20.



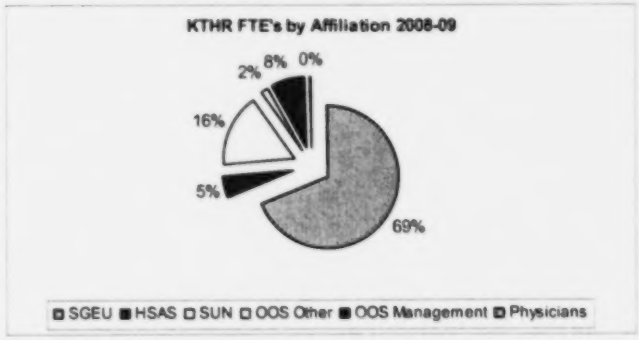
Kelsey Trail Health Region reduced the number of lost-time WCB claims per 100 FTEs in 2008-09, moving from 6.03 in 2007-08 to 4.00. This is the lowest rate the region has recorded in WCB claims over the past five years. The region continues to be lower than the provincial rate of 6.93.



The number of lost time WCB days per 100 FTE's increased from 490.96 in 2007-08 to 555.81 in 2008-09. For the second year, the region is above the provincial average of 447.17. A lost-time WCB day is defined as eight hours. The nature and severity of the injury contribute to lost-time WCB days.



In 2008-09, a total of 1168 FTEs were employed by Kelsey Trail Health Region. Distribution has remained fairly consistent over the past four fiscal years. SGEU represented the largest number of FTE's, followed by SUN, HSAS, OOS Management, OOS Other, and Physicians. OOS Management includes Executive, Directors, Managers, Facility Administrators and Case Managers. OOS Other includes out-of-scope personnel who do are not responsible for the supervision of other employees.



Within the regional nursing complement, 18 new nurses were hired into full-time, part-time and casual positions during the 2008-09 fiscal year. In addition, nine Licensed Practical Nurses were hired. In the 2008-09 fiscal year, 120 new employees were hired into SGEU positions, five new employees were hired into HSAS positions and eight new employees were hired into vacant OOS positions. In total, Kelsey Trail added 160 new employees in 2008-09.

The region places significant emphasis on employee engagement and is involved in a number of workplace initiatives. These include the employee opinion survey; health needs survey, the development of a healthy workplace plan, and an employee education plan. The region has an established Quality Health Workplace Advisory committee in place to address issues such as employee engagement and workplace wellness. The region also has several employee recognition programs in place including the Great Ideas program and the KTHR Long Service Recognition Banquet. A new program, the KTHR Employee Excellence Awards, is being developed for implementation in 2009-10. Respectful Workplace and Harassment prevent workshops have also been initiated in the region and have been well received by employees.

Financial Summary

The Kelsey Trail Health Region had revenues of $94,886,528 and expenditures of $94,378,663 to realize a surplus of $507,865 for the fiscal year ended March 31, 2009. The region planned a budgeted surplus of $12,380 in 2008-09, concluding the year with a positive variance from budget of $468,529. A balanced budget was achieved as the result of several initiatives undertaken to move toward further regionalization and standardization of services and programs. KTHR's financial viability continues to take priority. Strategies have and continue to be developed to achieve a balanced budget in 2009-10 in an ongoing effort to achieve long term sustainability and fiscal efficiency.

The region's working capital ratio, which represents the ability of the region to use current assets to cover current liability, has increased from 1.50 in 2007-08 to 1.70 in 2008-09. (Note: For comparative purposes, the 2008-09 working capital ratio figure has been adjusted to not include capital project funding received at the end of the 2008-09 fiscal year.) Kelsey Trail has 1.70 times more current assets than current liabilities, indicating the region is in a relatively stable financial position. The region has successfully worked to steadily improve its working capital ratio over the past three years.

Over the past five years, the region has progressively worked to move from an accumulated deficit to an accumulated surplus. For the first time in five years, the region has achieved that goal, recording an accumulated surplus of $16,042. If the health region is able to sustain a positive unrestricted fund balance (accumulated surplus), it will have the flexibility to be able to shift funds from operating to capital if necessary. This will help to address funding for capital equipment pressures. Working with the provincial Ministry of Health, Kelsey Trail will continue to realize increasing efficiencies while maintaining effective, quality services.

Regionally, services and processes will continue to be reviewed in an effort to adopt best practice and achieve further efficiency. The regional position control process continues to be improved and refined. In addition, a provincial move toward the implementation of Lean methodology and support of the Health Quality Council's Accelerating Excellence program, through KTHR participation in Quality as a Business Strategy, is expected to increase efficiencies in the operation of the region while redirecting financial savings to benefit direct client care.

Future Outlook/Emerging Issues

Incorporating the Accreditation Canada standards and tools into KTHR programs and services supports and strengthens the work being done regionally to improve services as well as the safety of clients. In April 2008, surveyors from Accreditation Canada visited the Kelsey Trail Health Region to conduct the region's second accreditation survey using Accreditation Canada's new Qmentum™ accreditation program. The region received Accreditation with Condition (Report) which requires specific follow-up in order to comply with the conditions of report and maintain accreditation status with re-survey in 2011.

The region will continue to incorporate the Required Organizational Practices (ROP's), as outlined by Accreditation Canada, to enhance client safety and minimize risk, concentrating on several high priority areas. These include the communication of client information between health care providers at transition points, medication safety, obtaining feedback from clients on service needs and care experiences, and emergency preparedness and pandemic planning.

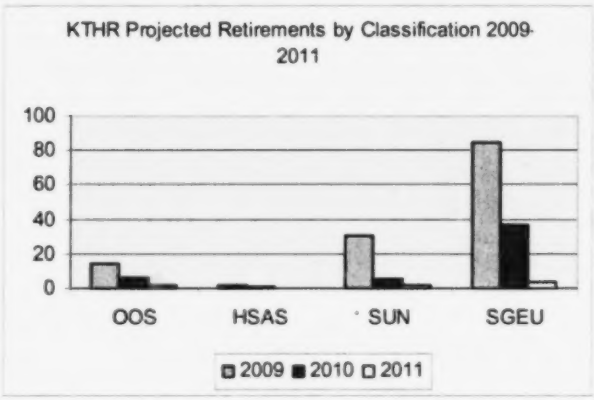
The Ministry of Health launched the Patient First Review in November of 2008. The review includes two parts. The first part focuses on the issues and challenges in the healthcare system from the perspective of patients, family members and advocates based on their personal experiences. Input is also being sought from frontline healthcare providers. The second aspect of the review examines administration in health care in an effort to identify efficiencies, constraints and opportunities for improvement. The province anticipates the results of the Patient First Review, to be released in the fall of 2009, will set the course for the provincial healthcare system which will have significant impact on the direction the regions take both in terms of client care and administrative efficiency.

Recruitment and retention continue to be an ongoing issue in a number of areas. Physician retention and recruitment has reached a critical juncture in the region this year with the departure of four physicians, of which three were from the community of Nipawin. The demands of weekend on-call schedules and the remuneration associated with taking call have been identified as the primary areas of concern for family physicians practicing in the region. The region continues to work on the development of innovative solutions to address the unique challenges that are faced by rural family physicians.

Representatives from Kelsey Trail joined staff from several other health regions in the province as well as participants from the provincial Ministry of Health, University of Saskatchewan College of Medicine and the College of Physicians & Surgeons of Saskatchewan on a recruitment trip to Ireland in March of 2009. Approximately 450 Canadian students are studying medicine in Ireland. Residents of Carrot River and area

benefited from the relocation of two physicians in Nipawin to Carrot River in June of 2008. A physician discontinued practicing family medicine in Tisdale but has not left the region and continues to provide coverage for physicians in other communities in Kelsey Trail.

Within the region, 167 employees are eligible for retirement within the next three years, according to the rule of 80. Among those, 118 have been identified as eligible to retire up to and including 2009, 43 in 2010 and six in 2011. Projected retirements indicate the most significant impact on the workforce within the region will be in the area of support services and nursing.



To satisfy the future healthcare staffing needs, an effective recruitment partnership between community leaders, current workforce and management will be necessary. Retention strategies such as voluntary reduction of hours, job share, phased retirement, working from home, flexible hours, and post-retirement employment will need to be considered to maintain a skilled health care workforce and reduce vacancies.

Kelsey Trail Health Region was the recipient of approximately $182,000 in workforce retention grant funding from the provincial government. The funding is part of the Health Workforce Employee Retention program and is designed to target improved workplaces and professional development opportunities. Projects are initiated by health employees and providers, employers and provincial health sector organizations. In Kelsey Trail, funding is used to support *Crucial Conversations*® training for management and frontline staff to improve communication and facilitate team building; to enhance professional development opportunities for pharmacists in rural Saskatchewan and expose KTHR pharmacists to best practices, allow for professional exchange and provide a supportive network in an effort to enhance retention of existing pharmacists; for professional development of therapy staff in leadership and team building skills; and to deliver workshops in the *The Business of Kindness*® Train the Trainer program to establish a foundation for meaningful, personalized and respectful employee interactions. Kelsey Trail is committed to address nursing retention and recruitment through participation in the SUN/Government Partnership Agreement. SUN and the Ministry of Health signed a partnership in 2008, committing to work together to resolve the provincial nursing shortage. Under the partnership agreement, retention initiatives specific to nursing will be addressed. Kelsey Trail has been designated 14 new nursing positions. A regional committee has been struck to determine nursing recruitment and retention initiatives.

Recruitment and retention of OOS managers is an ongoing challenge as the result of ever-increasing workload demands, expanded supervisory responsibilities and salary compression.

Meeting new standards in infection prevention and control is an ongoing challenge. In order to remain in compliance with the regulations for equipment sterilization as determined by CSA standards for Central Supply Departments (CSD), the region consolidated CSD services from nine locations to three district hospitals. Regional CSD services are provided at Melfort, Nipawin and Tisdale hospitals. Consolidation of services required a significant investment in existing instrument inventory. Through a provincial process, it has been determined that existing CSD departments do not meet CSA standards in the areas of ventilation, temperature and humidity in the reprocessing area, and certification of managers and staff responsible for reprocessing. To meet these standards, additional investment will be required. KTHR currently does not have a dedicated infection prevention and control department. The region's Employee Health Nurse assumes responsibility for infection control.

As part of the region's Quality, Utilization & Risk Management program, the regional Patient Care & Safety committee continues to work on the development and implementation of standardized reporting processes to ensure pertinent and adequate patient care information is communicated consistently and accurately between health care workers to ensure safe patient care. The region participated in the Canadian Institution for Health Information (CIHI) pilot test survey of the National Hospital-Based Canadian Medication Incident Reporting and Prevention System. The incident reporting form that was implemented through the pilot was adopted by the region and all acute sites continue to collect and input data into the CIHI system. A number of reports can be obtained through the system that will assist in quality improvements for KTHR. The region would like to expand the form for use in all long term care facilities.

All acute and long term care facilities have been auditing their current medication history and physician order process. Through the audit, the taking of medication history has been identified for improvement. Educational tools for nurses, pharmacists and physicians have been developed in an effort to ensure the best medication history is being taken. Handouts have been developed for nursing staff as well as clients.

The regional Patient Care & Safety committee hosted the region's first annual Patient Care & Safety Education on December 4th. The event was broadcast to staff throughout the region via Telehealth and included education on three ROP's (two client identifier, transfer of information, and hand washing); the introduction of the regional Ethics Framework; Personal Protective Equipment (PPE) and outbreak protocol; medication safety; client occurrence/incident reporting; and a guest speaker from the Canadian Patient Safety Institute (CPSI). DVD education packages were made available to staff unable to attend the event. Planning for the second annual Patient Care & Safety Education Day in September of 2009 is underway.

KTHR currently maintains and operates labs in six acute sites and four health centre. Low volumes and aging equipment in some sites is making it difficult to meet and maintain expected quality assurance programs. In addition, it is becoming increasingly difficult to recruit lab staff to the region due to a provincial shortage of qualified laboratory technologists. KTHR is the only health region in the province with a regionalized lab information system.

As the result of a cold chain interruption in a vaccine storage refrigerator, individuals receiving Tetanus vaccine at the Porcupine Plain outpatient department between April 2001 and April 2008 required re-immunization by public health, resulting in increased public health clinics.

The region submitted a proposal for a Regional Energy Management Plan to the Ministry of Health. Energy Performance Contracting (EPC) is a unique program that will allow Kelsey Trail Health Region to implement facility improvements, reduce energy costs and improve the health, comfort and safety conditions in its facilities while contributing to the region's environmental objectives, without requiring additional funding. The EPC program delivered through SaskPower Energy Solutions will provide a mechanism that will allow the health region to use the savings generated through the program to fund significant and necessary facility improvements.

The project proposal included the region's existing facilities. Project costs total of $4.78 million with an associated annual guaranteed energy savings of $411,500. The project has an associated annual payback of 11.6 years. A number of specific requirements identified through the VFA report for KTHR facilities will be addressed through measures proposed through the Energy project. The planned facility upgrades will have a positive impact on the environment both inside and outside of the facilities involved.

For the second consecutive year, targeted funding was received to address staff and patient/client safety in the region's health care facilities. As a result of $540,353 funding support from the provincial Ministry of Health, the region has been able to achieve the goal of 100 percent electric beds in all acute and long term care facilities. Funding support from the provincial Ministry of Health was also announced for the replacement of long term care facilities in Kelvington and Tisdale. Functional planning with stakeholder groups is expected to result in the submission of a project development proposal to the Ministry of Health in the fall of 2009.

As the rate of kidney disease and the number of clients with end-stage renal disease increases in the province and the region, it is recognized that the services offered by the Tisdale Hospital renal dialysis satellite unit are invaluable. Between 2004 and 2008, the unit has experienced a 46.7% increase in growth in patient numbers. In partnership with the l Ministry of Health, the region has responded to the increasing rates of diabetes with two expansions to the satellite hemodialysis unit since it opened in April of 1998. The region currently provides dialysis to 16 patients with an annual capacity for 2,496 dialysis treatments per year.

In the fall of 2008, the original water treatment system for the satellite unit reached the end of its life expectancy and was a liability in maintaining a quality, secure service. The need for a new water system necessitated the relocation of the dialysis unit to a larger area within the facility. The new water system is capable of supporting eight chairs and began operation in October 2008. Relocation of the dialysis unit w allows for its possible future expansion. Between July 2008 and February 2009, the regional waiting list for dialysis services has steadily climbed from three to eight medically stable residents.

The region has submitted a proposal to expand the unit by an additional two seats to six chairs to accommodate up to 24 clients. With the support of the Ministry of Health, the region will be able to expand the satellite unit to meet the requirements of the existing waiting list and enable residents of the region to receive timely, accessible dialysis care closer to their homes, families and support systems.

The Northern Telemental Health project, which involves the mental health departments of four health regions including Kelsey Trail, is piloting the use of Telehealth technology to reduce travel and improve access to mental health providers. The project will allow PAPHR providers to see KTHR clients through Telehealth for clinical consults, discharge planning and visitation for families. This service will be available for KTHR patients currently involved in the care of PAPHR providers.

The regional therapies department is severely short-staffed due to recruitment challenges resulting in significant waiting lists in the physiotherapy department. The Early Childhood and Speech Language Pathology case load is substantial and the waiting list for initial assessment is high.

With the retirement of the nurse manager at the Rose Valley Health Centre, home care has assumed responsibility for all nursing services in Rose Valley. Rose Valley Home Care and Public Health are now accessible through Home Care and Public Health offices in Kelvington. Mental health, nurse educator and dietitian services for the residents of Rose Valley and area continue to be accessed through Tisdale.

Dental Health Educators and the KTHR Early Childhood Team are providing services to Cumberland House residents. A new dental therapist started providing services to the community and has developed treatment plans with the Nipawin dentist who provided services to that community until his retirement in early 2009. Cumberland House Health Centre offers the services of a Nurse Practitioner and several nurses function in advanced roles. Visiting physician services are also available through the health centre. Various health promotion initiatives are based at the health centre. The Community Services building in the community provides a base for the regions local addition services and home care in addition to the Aboriginal Health Transition Fund and local community agencies.

Kelsey Trail Health Region received $212,800 in funding through the Aboriginal Health Transition Fund grant for a two-year Healthy Community project in Cumberland House. The services of a community developer have been contracted. Increasing incidents of

vandalism and theft have been occurring in Cumberland House and it is anticipated this program will provide healthy alternatives to the community. The objectives of the program are to increase mental health services, improve addiction services with a focus on decreased family violence, and enhance community information and education on population health.

In September of 2008, public health nurses discontinued the provision of hearing and vision screening to children at the four-year-old Child Health Clinics, Kindergarten, and Grade 4 or at the request of the public. Parents and schools were provided with information explaining the importance of screening and the services that are available to children of these ages. For yearly eye care, optometrist appointments are recommended. For audiometric hearing screening, children are referred to their family physician or the Saskatchewan Hearing Aid Plan. Provincially, most jurisdictions follow these practices. Public health nurses do not have access to soundproof booths in which to conduct audiometric screening and therefore, cannot ensure accurate results.

In response to the Listeriosis food recall in the summer of 2008, effectiveness checks requested by the Canadian Food Inspection Agency resulted in 157 food stores, institutions, and restaurants being contacted by the region's Public Health Inspectors. The summer survey follow-up of playground equipment safety by a student Public Health Inspector resulted in 55 letters being sent out to playground owners outlining deficiencies and concerns that require correction according to national standards. Legislation to allow restaurant report disclosure is expected to be enacted in 2009. As a result, all of public health's licensed public eating establishments will be made available to the public.

The KTHR Population Health Promotion (PHP) Leadership Team is recognizing individuals, groups and businesses throughout the region for their role in promoting and modeling Population Health through the presentation of Recognition Awards. The PHP Leadership Team awarded Population Health grants of $500 to thirteen different community groups or agencies in the region. The funding will be used to provide opportunities for communities to sponsor events and activities that promote health.

The region's Early Childhood Psychologist was appointed to the provincial Autism Advisory committee. Beginning in 2009, the region will receive $164,000 annually for a regional autism strategy. A consultant has been hired to develop services for children up to the age of 19 years and a worker will provide direct service to preschool children with autism. The funding also includes respite funding. One-time funding of $150,000 will be used for capital renovation and training.

KTHR Mental Health & Addiction Services department, in collaboration with Saskatchewan Families for Effective Autism Treatment Inc. (SaskFEAT), the North East School Division, and the North East Early Childhood Intervention Program (NEECIP) hosted an Applied Behavioural Analysis workshop in Nipawin earlier this year. The workshop was led by Dr. R. Leaf from the Autism Partnership and provided skills training for parents and caregivers, teachers and educational assistants of children with

Autism Spectrum Disorder. Dr. Leaf provided two days of skills training for parents and a one-day in-service for the Educational Assistants working with the NESD.

The region's MHAS department participated in a Ministry of Education review for the NESD at the request of both the NESD and the Ministry. An overview of collaborative and cooperative initiatives between KTHR and NESD was presented. The Ministry review team commented that the level of collaboration and partnership between KTHR and NESD is unparalleled provincially. Frontline health region and school division employees are to be commended for their commitment to NESD students.

The North East Saskatchewan Parenting Education Association, which involves some health region employees, is currently planning two consecutive workshops for 2009. The workshops are the result of a report entitled "Phase II of 'Young Canadians in a Wired Word', conducted by ERIN Research for MNET" which concluded that 59% of young people have assumed a different online identity and that there is a direct correlation between parental involvement and online behaviour. The focus of the parent sessions will be cyber-bullying and parental responsibility. The first session will be facilitated by the RCMP while the second session will be a hands-on evening where parents will learn how to track their children's online activity.

The KTHR Respiratory working group was reorganized in January 2009 to become the Chronic Obstructive Pulmonary Disease (COPD) group and the Asthma group, with Sleep Apnea remaining a program. Membership includes a variety of health care disciplines, departments and organizations. The mandate is to optimize the care of those persons living with COPD, Asthma and Sleep Apnea in the region. These groups focus their activities on the pillars of chronic disease management: exercise, disease education, and self-management. KTHR currently has 13 respiratory educators trained in Asthma and 10 trained in COPD. Five respiratory educators received training in the new Spiro Trek program in March 2009 through a joint effort between KTHR and the Saskatchewan Lung Association.

Based on the 2008 COPD Best Practice Guidelines, a recommendation was made for the development of a Pulmonary Rehabilitation program in KTHR. The pilot ran for six weeks in Nipawin beginning in May 2008 and has been recommended for continuation. Saskatchewan data shows a pulmonary rehabilitation program can decrease the re-admissions of COPD patients to acute care by over 20%.

KTHR's Director of Pre-hospital Emergency Care produced a proposal that has been adopted for provincial protocol development and was fast-tracked for implementation in June of 2008. The *Pandemic Influenza EMS Dispatch Protocol* shows examples of modified Emergency Medical Services (EMS) and dispatch system response plans based on the Pandemic Severity Index which demonstrates the need for close coordination between 9-1-1, dispatch and EMS. EMS pandemic influenza plans should establish procedures for EMS providers to deviate legally from their established treatment procedures to support mitigation of and response to pandemic influenza and other public

health emergencies while still assuring appropriate education, medical oversight and quality assurance.

A Tobacco Reduction Program group is developing a regional tobacco reduction work plan. The working group has reviewed other agency policies and intends to conduct a staff survey regarding a proposed new draft policy for smoke-free KTHR property and the costs associated with providing tobacco cessation therapies to staff. According to a Statistics Canada survey, for the third consecutive year Saskatchewan is the province with the highest rate of smokers at 24% percent. Nationally, the average is 19%.

In March, EMS in the region initiated the initial implementation of the F.A.S.T. (Face, Arm, Speech, Time) Stroke Strategy to the benefit of residents in the communities of Melfort, Nipawin and Tisdale and surrounding areas. Through the strategy, KTHR EMS transport patients exhibiting signs and symptoms of stroke directly to undergo CT scans in Prince Albert.

A proposal for additional Nurse Practitioner resources to establish an Aboriginal women's wellness program within the region was approved by the Ministry of Health. Currently, an NP and physician provide visiting services to the Shoal Lake Cree Nation. The project will see these services enhanced and expanded to include additional Aboriginal populations within the region.

KTHR's primary health care success has been recognized. The regional Director of Primary Health Care and three NP's attended the 5th International Nurse Practitioner Advanced Practice Nursing Network Conference in Toronto in September of 2008 to make a poster presentation entitled "Knowledge sharing through a collaborative practice network". A regional media promotion entitled "Faces of Primary Health Care" was initiated this year in an effort to broaden awareness of the providers that are involved in primary health care provider teams.

Considerable effort has been made to assist managers in discussing concerns with absenteeism directly with staff. While the meetings have been very time consuming, they have resulted in reductions in sick leave hours. The supportive approach to identifying options for attendance support has produced positive results in attendance management in the region.

For the fourth consecutive year, Active Healthy Kids Canada has given Canada an overall grade of D on the *Report Card on Physical Activity for Children & Youth*. The report card focused on screen time and physical activity, both of which received a grade of F. Key findings in those areas indicate only 10% of children and youth are meeting physical activity guidelines. Studies have also shown that many kids spend between four and six hours in front of a screen each day of the week.

In Kelsey Trail Health Region, Primary Health Care Provider Teams are partnering with Saskatchewan *InMotion*® to develop strategies aimed improving the report card for Saskatchewan in family, school and community settings. The Saskatchewan *InMotion*®

movement includes 13 communities and a number of schools within the region. Tisdale Elementary School hosted a *Walk to Breakfast* event in September during which it was recognized for winning the grand prize in the Extreme School Makeover Challenge sponsored by the Saskatchewan Nutrition Advisory Council for Kids (SNACK) and Mosaic Company. Saskatchewan *InMotion*® is also a partner in this initiative. The *Walk to Breakfast* encourages all schools to help create awareness in their community on the importance of good nutrition and physical activity.

In Nipawin, the Primary Health Care Provider Team has implemented the use of "Scooter the Squirrel", a mascot that will be used to promote the importance and awareness of physical activity in youth. The team's goals include creating an awareness of childhood obesity within the community of Nipawin and empowering youth to live healthy lives by providing education on and encouraging positive attitudes surrounding the three components of health: physical activity, healthy eating and feeling good about yourself.

The KTHR Diabetes Heart Health Centre teams have undertaken a number of initiatives to address the incidence and prevalence of diabetes in the region through prevention. The Diabetes Team is working with Cumberland House to implement additional diabetes prevention programs in that community. Clinics for foot screening among people with diabetes have been implemented in Melfort and Nipawin. The implementation of clinics is a progressive step in meeting CDA guidelines stating all people with diabetes must have at least annual foot screens to reduce complications such as ulcers and amputations. The region plans to expand this service to Tisdale and Hudson Bay.

In support of enhancing the health status of the region, the region has developed a Recreation Therapy program with three areas of focus: clinical, community development and leisure education. Primary health care provider teams are working in partnership with several communities throughout the region to develop initiatives that will address issues identified through community assessments. KTHR Mental Health and Addiction Services participates on the board for the North East Supported Employment Program which provides "on the job" job coaching for individuals affected by a physical or mental disability including mental health disorders. The KTHR Lifestyle Balance Program and Respiratory Health Initiatives were both accepted for oral presentations during the 2009 Chronic Disease Prevention & Management (CDPM) Provincial Conference.

Philosophy and priorities of care have been reviewed for home care. A review of wellness clinics, home care nursing services, assessment and coordination services is planned. The location and contents of the in-home client records for home-support clients have been standardized throughout the region. Client outcomes related to nursing care including the effectiveness of wound care, consequences of in-home IV therapy and satisfaction with palliative care will be monitored.

Within the region, home care services are provided on the basis of assessed need and are intended to help people who need acute, palliative and supportive care to remain independent at home for as long as possible. KTHR home care serves 1,000 clients and provides approximately 13,000 visits per month. The emphasis on home care services

has shifted from housekeeping to more intensive home health care. The ever-increasing complexity of care delivered at home creates unique challenges in the ongoing provision of home care services. The care required is significantly more demanding.

The average length of stay in assisted living, based on discharges since December 1, 2004, is 14 months. The average age of assisted living clients is 90 years. Regional statistics indicate four times as many assisted living clients score at high risk for institutionalization and are eligible for long term care than were considered at-risk three years ago. Without assisted living, clients would be in hospital awaiting placement or already placed and other individuals would be in hospital awaiting placement.

Public health nurses in the region deliver services region-wide from five offices. A significant number of women deliver babies outside the region in tertiary centres. Public health nurses are providing follow-up within 48 hours of discharge for the majority of clients however; several challenges remain in providing this service. A shortage of public health nursing resources is compounded by rural and urban populations, postpartum discharges from a variety of facilities, discharge communication, public health nursing hours, and clients who are unaware of existing services. A more effective postpartum program for the health region based on best practice for postpartum community support is required.

KTHR conducted 942 public health inspections to a total of 993 premises during 2008-09. This is slightly less than the number of inspections that were conducted last year. Due to a 25% percent shortage in PHI staff late in 2008, low risk facilities such as those providing personal service (with the exception of tattooing), recreational/public facilities and institutions were temporarily removed from the workload schedule. Inspections of licensed or regulated facilities include food premises, accommodations, swimming pools and public water supplies. The region leads the province in the percentage of licensed or regulated facilities that are inspected annually, achieving a 100% inspection rate for the fourth consecutive year. The inspection of regulated facilities is only one component of services provided by regional public health inspectors.

KTHR worked in partnership with the North East School Division to develop and test new resources for Grade 9 sexual health at five pilot sites throughout the region. This initiative will result in the production of teaching packages that can be used by Grade Nine health teachers across the region beginning in the fall of 2009. Public health nurses initiated the Human Papillomavirus (HPV) immunization program that was developed and introduced by the provincial government this year. The program provides HPV immunization to Grade Six girls on an annual basis. This year, Grade Seven girls also received the vaccine. HPV immunization provides protection against two HPV types that can contribute to the development of cervical cancers and some other genital cancers as well as two of the HPV types that cause genital warts. HPV is one of the most common sexually transmitted infections worldwide.

KTHR has recently become an *Authorized Provider* for the Canadian Red Cross and has been delivering a new nationally recognized First Responder curriculum since November of 2008. Within the region there are 12 newly trained instructors providing initial and ongoing continuing education to groups in their geographical area. All First Responders will be upgraded to the new program standards by the fall of 2009. As EMS continues to evolve within the province, First Responders and the general public will continue to provide a vital link in early access to quality emergency care. The region's First Responder program has been on an upward expansion trend, demonstrating exemplary dedication and commitment from all of the communities and their volunteers.

Governance & Transparency

Kelsey Trail Regional Health Authority (KTRHA) was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.* As mandated by *The Regional Health Services Act*, twelve members serve the Kelsey Trail Regional Health Authority. Members of the RHA are appointed by the Minister of Health.

The terms of the KTRHA members expired in July of 2008 but were extended to January of 2009. Authority members included Carol Hayward (chairperson), Dale Link (vice-chair), Carla Hipkins, Steve Rudy, Minnie Deutsch, Don DeMarsh, Darrel Guy, Kathleen Bedard, Lana Thompson, Marion Heavin, and Cathy Ryan. Long-time board member Robert Cheechoo of Cumberland House resigned from his position on the board in July of 2008.

In the fall of 2008, the Ministry of Health began advertising for nominations to RHA's province-wide. In February of 2009, the Minister of Health made appointments to the KTRHA that included James Taylor (chair), Wilfred Veller (vice-chair), Gordon Cresswell, Frank Garchinski, Dennis Koch, Allyson Stevenson, Tina Thomas, Keith Thompson and Cheryl Watt. Former RHA members Kathleen Bedard, Carla Hipkins and Darrel Guy were re-appointed to the board.

The RHA operates in accordance with the roles and responsibilities established by the Ministry of Health in the *Regional Accountability Document.* The RHA is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within the region or any other areas as directed by the Minister. More specifically, the RHA is responsible for strategic planning; fiscal management and reporting; building and maintaining key relationships with stakeholders; quality management initiatives; monitoring, evaluation and reporting; and monitoring the management and performance of the Authority and the CEO.

The RHA functions primarily as a "committee of the whole". There are four committees of the RHA - the Audit Finance, Quality, Governance and Practitioner Liaison committees. With the exception of the Practitioner Liaison committee, the new RHA chose to temporarily dissolve the remaining three committees of the board for a period of six months in order to facilitate the education of new members to the operation of all three committees. The committees will be revived and appointments will be made to them for the beginning of the next fiscal year. Ad hoc committees may be organized to deal with specific issues.

The CEO reports directly to the RHA regarding the general and daily operations of the health region. An Executive Management team, responsible for effective planning, integration and delivery of facility-based and community-based programs and services

throughout the region, reports directly to the CEO. Senior Managers report directly to the Vice-Presidential portfolio they are accountable to.

Five Community Health Advisory Network (CHAN) groups were implemented in November of 2006. These networks represent the broad interests of the community to the board. CHAN groups exist for the purpose of providing the RHA with advice respecting the provision of health services in the region or any portion of the region. They provide advice to the RHA in the areas of program and service development and delivery; health issues, needs and priorities; access to health services; and promotion of health.

Transparency and accountability are among the most important goals and objectives of the RHA. Through a variety of approaches, the RHA maintains an open dialogue with the public.

- The RHA holds regular monthly meetings that are open to the public. To provide an opportunity to involve members of the public who may attend, an open public forum is a regularly scheduled agenda item. The regular monthly meetings of the RHA are generally held at the Regional Office however, the RHA does make the effort to schedule meetings in other communities throughout the region. Additional meetings may be organized according to identified need.
- *Kelsey Trail Regional Health Authority Highlights* focus on the deliberations and activities of the RHA. They are distributed monthly to media and staff and are posted to the region's internal and external websites. A quarterly newsletter entitled the *KTHR Pulse* is distributed to stakeholders and staff and may also be accessed from the region's internal and external websites. A monthly employee newsletter entitled *Coffee Break Conversations* is circulated to regional staff and is accessible through the region's internal website.
- The region posts relevant information about its facilities, programs, services, activities and events on its public website at http://www.kelseytrailhealth.ca. Similar information is posted to the region's internal website. The development of the internal and external websites is ongoing as both sites are primary sources of communication with staff and the public. Communication with staff has been enhanced with the completion of the installation of staff computer kiosks in each facility within the region.
- The RHA has strengthened relationships with print and broadcast media to facilitate timely distribution of public information surrounding issues of regional importance and public safety. Regional media plays an invaluable role in the RHA's ability to communicate with the residents to whom it provides services.
- The RHA chairperson, CEO and other designated members of the health region are involved in presentations to municipal councils, community groups, partner agencies, community trust committees and/or foundations and the general public on an ongoing basis.
- The RHA approves the development and distribution of its Annual Report in hard copy format as well as electronically through the region's public website at http://www.kelseytrailhealth.ca. The Annual Report is accessible through the

Ministry of Health website at http://www.health.gov.sk.ca/kelsey-trail-healthregion.

Payee List

Public reporting and tabling of the annual payee list holds the Regional Health Authority accountable for the public funds received. The payee disclosure list is provided to the public as a requirement of all Regional Health Authorities, and as part of the region's commitment to transparency and accountability.

Dollar amounts to individuals may include overtime payments; weekend, evening or other shift premiums; other premiums; and reimbursements for out-of-pocket expenses such as meals or travel.

According to *The Local Authority Freedom of Information and Protection of Privacy Act,* employee salaries are not considered personal information and are not exempt from public disclosure. The Kelsey Trail Regional Health Authority Payee Disclosure List for the fiscal year ended March 31, 2009 is also posted to the Saskatchewan Health website at http://www.health.gov.sk.ca/kelsey-trail-health-region.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2009

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Aasen, Tammy	$73,229.34	Brothwell, Linda	$97,053.77
Abbs, Cathy	$64,667.98	Brown, Diane	$63,436.65
Abbs, Corinne	$53,295.57	Bulmer, Louise	$79,112.73
Adames, Oralee	$52,461.02	Burt, Mary	$74,044.25
Anderson, Barbara	$77,084.16	Cal, Shelly	$131,609.42
Anderson, Dianne	$52,674.86	Cal, Tara	$63,668.98
Anderson, Penny	$121,775.96	Campbell, Vivian	$91,149.26
Andrus, Angela	$60,891.00	Carswell, Kathryn	$73,167.44
Arndt, Kendell	$96,737.03	Casavant, Janice	$54,167.30
Arneson, Anna	$70,559.71	Chabot, Catherine	$73,576.67
Assie, Ramona	$103,947.23	Chaboyer, Sheila	$56,531.16
Atkings, Deborah	$60,368.10	Chapman, Jeannine	$76,833.18
Atkinson, Lorette	$54,485.38	Chorney, Jessica	$61,815.30
Bagnall, Charlott	$90,060.99	Christianson, Leslie	$65,031.51
Bair, Wendy	$84,670.81	Clarke, Janice	$78,953.76
Ballendine, Laurie	$55,731.87	Cleaveley, Julie	$135,907.93
Baranieski, Cay	$88,320.47	Cole, Betty	$92,282.75
Barlow, Linda	$104,261.89	Connor, Anne	$52,071.66
Barrie, Amber	$74,883.61	Crickett, Donna	$79,185.77
Beaulieu, Sharon	$65,051.63	Cross, Danielle	$67,611.89
Bedard, Gerald	$53,485.85	Currie, Debra	$51,667.92
Bedard, Tracy	$73,519.08	Dahl, Sherry	$73,667.80
Benson, Terry	$79,308.28	Daisley, Rosalie	$60,221.18
Bergren, Dorothy	$93,214.90	Dalziel, Joan	$85,647.18
Bischoff, Carrie	$90,769.38	Daoust, Roxane	$56,561.83
Bitzer, Denise	$135,607.41	Davies, Bonita	$62,362.88
Black, Joan	$80,071.04	Davio, Emily	$117,945.01
Blair, Judy	$104,184.76	Davis, Andrea	$68,234.16
Bohaychuk, Vickie	$50,259.90	Day, Karen	$66,458.35
Bone, Eileen	$79,226.16	Dean, Melody	$99,955.22
Bonsan, Roxane	$68,481.52	Deighton, Gail	$63,213.69
Boughen, Janice	$64,607.10	Delwisch, Sandra	$53,343.67
Boxall, Lia	$111,805.57	DeMarsh, Terry	$55,132.78
Braaten, Lynda	$55,308.66	Desautels, Beverly	$94,338.56
Bradshaw, Katherine	$84,572.00	Deschamps, Elizabeth	$80,064.42
Brakstad, Terry	$55,961.68	Dierker, Christine	$79,927.94
Brockman, Judy	$147,025.09	Diller, Ronald	$54,853.34

Dmyterko, Stacey	$56,766.54	Harbicht, Faye	$54,543.77
Dobson, Donna	$66,968.65	Harley, Glenys	$52,494.25
Donald, Melanie	$66,021.79	Harper, Rennie	$135,907.93
Donald, Ronda	$84,427.15	Hart, Sandra	$55,852.31
Doucette, Natalie	$91,586.97	Haugo, Aline	$53,093.47
Dyck, Christine	$66,588.87	Hayduk, Michael	$74,058.68
Edmunds, Beverley	$54,455.78	Hayes, Wendy	$54,088.64
Edstrom, Darlene	$73,000.60	Hayward Hunkin, Mickie	$56,589.00
Enge, Terry	$53,090.22	Hayworth, Beverly	$58,935.26
Ens, Cheryl	$51,190.88	Head, Allison	$57,275.73
Ens, Evan	$72,346.58	Hemingson, Linda	$88,523.39
Ernst, Debora	$59,675.82	Henderson, Elaine	$68,038.20
Ernst, Raeann	$59,274.71	Hermus, Joan	$66,626.39
Espenant, Rodney	$63,552.55	Herzberg, Sylvia	$74,634.25
Ewen, Linda	$54,999.03	Hewitt, Annadawn	$79,304.74
Ewen, Sandy	$55,951.11	Hiebert, Kari	$56,850.23
Fagnou, Bettylou	$78,947.37	Hirsch, Jana	$76,940.01
Farber, Tracy	$78,245.82	Hobbins, Tim	$89,778.92
Fawcett, Jeffrey	$71,137.47	Hoffus, Diane	$61,736.97
Fellman, Leanne	$83,148.28	Hoffus, Marianna	$84,264.57
Ferguson, Heather	$88,244.02	Hope, Lavonne	$53,003.99
Fernwalt, Donna	$58,318.30	Hrychuk, Michelle	$57,062.17
Ferre, Arien	$64,482.11	Hryhor, Carol	$53,380.04
Fidyk, Melanie	$86,042.99	Hudak, Darlene	$53,992.39
Firman Depeel, Christine	$95,483.63	Hughes, Tracy	$88,612.43
Folden, Deanna	$96,810.48	Huls, Kimberly	$71,638.22
Foster, Maryanne	$62,812.39	Hunt, Shirley	$65,051.63
Francais, Maureen	$56,405.31	Hunt, Stacey	$70,483.04
Franke, Vera	$66,877.18	Irving, Annemarie	$60,569.17
Friesen, Dwayne	$74,054.51	Ives, Brenda	$66,140.42
Friesen, Lori	$81,966.60	Jackson, Vanessa	$70,815.95
Frisky, Sharon	$91,148.93	Jamieson, Joan	$65,051.63
Gallays, Paulette	$82,315.23	Janzen, Crystal	$54,925.87
Ganton, Sonia	$54,760.10	Jeffrey, Audrey	$55,625.72
Garland, Stephanie	$63,413.10	Johnson, Bonnie	$59,384.09
Geck, Denise	$57,613.28	Johnson, Marilyn	$79,892.41
Genik, Heather	$83,723.59	Jones, Beatrice	$58,403.46
Glaves, Connie	$89,778.86	Jones, Judy	$64,750.65
Glister, Sherrie	$54,515.10	Keeping, Ruth	$67,455.09
Gooliaff, Dolores	$66,293.54	Kehrig, Beverly	$57,695.45
Gordon, Ardis	$56,769.81	Kendall, Barbara	$64,177.56
Grona, Daniel	$86,374.97	Khan, Mohammad	$186,928.20
Gustafson, Lois	$54,762.22	Kiefer, Marilyn	$118,095.38
Hage, Barbara	$72,717.61	Kimball, Valerie	$92,484.26
Hagen, Maureen	$81,020.87	Kirkland, Sherrie	$68,263.09
Halvorsen, Elaine	$88,415.18	Kiteley, Wanda	$66,411.33
Hampton, Bonnie	$85,240.57	Klassen, Linda	$65,552.54
Hancock, Jason	$50,668.72	Kleiboer, Sharon	$55,828.38
Hanson, Bette	$50,868.23	Kosar, Sharon	$56,246.37
Hanson, Candice	$86,658.04	Kovach, Tammy	$83,648.05

Kowal, Louise	$92,058.07	Meyers, Stacey	$63,259.12
Kowalyk, Leah	$54,115.65	Miller, Heather	$83,723.59
Kozak, Glen	$171,750.99	Miller, Margaret	$82,497.99
Kraft, Kyla	$88,851.52	Minky Wood, Debbie	$63,060.78
Kuny, Debra	$89,407.53	Misskey, Lisa	$69,877.43
Kwasney, Laurie	$92,754.58	Mitchell, Trent	$83,723.59
Lalonde, Deborah	$69,063.23	Molnar, Pamela	$87,384.78
Lalonde, Florence	$75,757.69	Mooney, Marlys	$54,911.60
Lamont, Audrey	$53,629.77	Moore, Nicolette	$59,102.28
Le Bras, Doreen	$57,874.73	Moorman, Tina	$50,828.64
Lee, Roxanne	$79,598.44	Morrow, Irene	$60,449.76
Leek, Brenda	$54,845.15	Myhre, Christie	$65,188.17
Leepart, Beverly	$57,734.30	Naber, Colleen	$87,714.92
Lehne, Cheryl	$64,975.06	Nagy, Stacey	$54,434.92
Lesyshen, Cathy	$53,237.30	Needham, Dianne	$59,747.95
Lindal, Karen	$71,932.44	Neigel, Cindy	$75,830.24
Lindsay, Maureen	$54,689.00	Neiszner, Tanya	$78,497.62
Little, David	$64,594.95	Nelson, Michele	$52,402.79
Litzenberger, Joan	$61,393.94	Neumann, Velma	$81,216.00
Logan, Kim	$88,118.01	Nicholls, Joanne	$51,488.85
Long, Valerie	$72,239.81	Nogier, Wayne	$89,778.81
Love, Nicolette	$75,720.33	Nontell, Joann	$53,161.48
Lueken, Linda	$74,547.85	Nontell, Margaret	$54,515.10
Lutz, Adella	$52,897.59	Nyirenda, Julien	$75,663.09
Lyons, Barry	$96,752.70	Oftebro, Marilyn	$59,651.59
Mackie, Carmen	$73,098.13	Ofukany, Sonia	$51,317.56
Maclennan, Paulette	$73,568.78	Ollinger, Monique	$79,589.59
MacPherson, Marilynn	$64,905.08	Olson, Dinah	$58,815.74
Magnus, Rollande	$84,611.50	Olson, Michelle	$79,552.55
Mahon, Sherry	$78,111.78	Olson, Patricia	$90,124.71
Mahussier, Wanda	$77,770.19	Osecki, Leanne	$75,414.34
Major, Lisa	$104,184.73	Palaniuk, Carla	$73,603.74
Mamer, Francoise	$79,783.95	Patenaude, Elaine	$56,276.81
Marleau, Barbara	$69,129.32	Patenaude, Judy	$54,394.80
Martin, Kade	$65,184.75	Patterson, Dale	$50,190.18
Martin, Pauline	$84,878.58	Pederson, Patricia	$98,517.74
Mason, Kathy	$56,271.47	Perrault, Linda	$74,983.30
McCleary, Angela	$57,796.81	Peters, Richard	$89,778.90
McFarlane, Lana	$51,072.47	Peters, Sharon	$82,717.46
McKay, Pamela	$135,907.93	Peterson, Linda	$58,082.89
McLean, Cheryl	$89,313.79	Peterson, Sheryn	$60,018.81
McRae, Sherrie	$65,758.99	Philipation, Ryan	$79,323.60
Meier, Bonnie	$80,842.96	Phillips, Lisa	$72,406.14
Melrose, Beverly	$54,113.03	Pieterse, Sandra	$93,482.24
Menzies, Annette	$61,352.90	Pohl, Christine	$91,148.92
Merriman, Shane	$135,907.93	Pohl, Curtis	$66,738.88
Messner, Janice	$89,007.93	Pollreis, Bonnie	$67,894.96
Meszaros, Anita	$61,129.50	Pulkinen, Marjorie	$84,605.33
Mevel Degerness, Nadine	$85,260.46	Ratcliffe, Peggy	$51,502.30
Meyer, Kathleen	$88,639.80	Reid, Barbara	$56,321.36

Riemer, Christina	$78,449.11	Sunderland, Earla	$90,015.19
Roberts, Elizabeth	$65,051.63	Sunderland, Lavonne	$58,687.50
Robin, Rosanne	$88,683.72	Tatarynovich, Mary	$62,215.63
Rogers, Candace	$65,282.25	Taylor, Etta	$52,106.50
Romanow, Jodi	$69,175.81	Terry, Douglas	$91,057.45
Rudachyk, Betty	$65,005.77	Thibodeau, Terry	$51,764.33
Rudychuk, Margaret	$86,139.22	Thomas, Susan	$79,555.41
Runn, Denise	$57,826.97	Thompson, Nancy	$69,491.67
Runn, Diane	$78,550.41	Torgerson, Charidy	$55,026.29
Russell, Hilda	$69,455.37	Tosh, Lee	$58,368.04
Rutherford, Shelley	$69,585.54	Townsend, Lorna	$69,541.74
Rybinski, Joe	$135,907.93	Trawin, Julie	$66,048.45
Ryhorchuk, Mabel	$56,329.60	Turcotte, Heather	$56,584.60
Saranchuk, Jocelyn	$82,446.16	Tyckon, Lorraine	$78,564.56
Scarf, Jeannette	$84,131.70	Tyckon, William	$74,044.48
Scheidl, Carol	$102,724.82	Unger, Catherine	$67,919.63
Scheidl, Leonard	$72,424.90	Unruh, Debbie	$54,910.38
Schell, Wendy	$77,714.01	Van Herk Auger, Rosemary	$87,354.92
Schidlowsky, Patti	$69,600.83	VanCamp, Jackie	$93,054.37
Schmaltz, Carlene	$78,766.21	Vandertweel, Barbara	$71,630.41
Schmitt, Joyce	$54,838.46	Vandeveen, Gloria	$50,856.57
Schuler, Marijane	$68,881.96	Verklan, Louise	$87,334.80
Schultz, Rita	$66,610.72	Von Bieker, Ruth	$63,148.24
Scott, Kaeli	$60,816.60	Wagner, Connie	$75,518.28
Scutchings, Jodie	$56,450.85	Walker, Cristen	$59,567.71
Seiferling, Sheila	$88,552.56	Walter, Darin	$93,479.79
Senecal, Jean	$58,081.28	Warner, Bessie	$92,895.09
Serhan, Deanna	$89,778.97	Warriner, Valerie	$132,462.92
Serhan, Debbie	$51,776.91	Watson, Heather	$91,156.82
Shearer, Connie	$85,633.15	Watson, Jennifer	$61,037.81
Simoneau, Renee	$83,723.16	Watt, Anita	$87,334.69
Simpkins, Debby	$71,714.66	Weger, Cheryl	$52,894.56
Slobodzian, Fred	$88,000.65	Weiman, Blair	$75,973.02
Smears, Wanda	$52,622.10	Weseen, Sandra	$96,501.92
Smith, Diane	$62,306.08	Wesnoski, Barbara	$78,446.12
Smith, Douglas	$62,745.33	White, Carolyne	$90,167.75
Solsten, Shelly	$57,141.21	White, Dale	$74,753.01
Soonias, Myrna	$52,492.31	Whitehead, Merna	$64,735.20
South, Melissa	$56,931.64	Wiebe, Helen	$74,753.01
Spagrud, Lois	$57,867.32	Wilde, Brent	$159,036.99
Sprackman, Michelle	$71,613.18	Wilkie, Wendy	$83,022.17
Stadnek, Sonja	$76,757.09	Wilson, Cheri	$75,594.23
Stevenson, Cheryl	$68,948.50	Wilson, Doris	$95,902.35
Stevenson, Kathleen	$80,399.34	Woodward, Michael	$58,335.59
Street, Faye	$73,240.04	Worsley, Kathy	$72,061.74
Streeton, Patricia	$80,488.93	Wozniak, Deborah	$59,749.88
Stroeder, Kyle	$57,841.47	Wytrykusz, Judy	$65,339.58
Styan, Cathy	$57,788.00	Yackel, Twila	$90,450.75
Sullivan, Norinne	$59,299.48	Yaholnitsky, Pearl	$82,993.36
Sundelin, Jacquelin	$55,696.59	Yaremy, Carol	$87,391.85

Yeo, Charles	$73,377.53	Zens, Arlene	$91,148.92
Youzwa, Sandee	$61,295.41	Zenuk, Antonie	$52,478.92

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

None

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd	$53,695.28	Melfort Coop Assn Ltd	$58,903.11
Acme Sewer & Industrial Services	$73,300.79	Ministry Of Government Services	$551,381.47
Alcon Canada Inc	$155,371.91	Moe, Dr. J	$120,000.00
Archerwill Local # 58	$129,732.15	National Leasing	$63,632.55
Arjohuntleigh	$90,359.89	Nipawin Flight Center	$85,858.50
Beckman Coulter Canada Inc	$119,063.65	North East EMS	$891,606.21
Biomerieux Canada Inc.	$158,331.02	North East School Division	$77,780.62
Bunzl Distribution Inc	$151,579.70	North Sask Laundry	$771,686.82
Can-Med Healthcare	$118,345.13	Nova Biomedical Canada Ltd.	$79,178.43
Canada Revenue Agency	$52,788,094.85	Nuance Communications Inc	$61,672.93
Carrot River Medical Clinic Inc	$58,161.00	Olympus Canada Inc	$220,610.37
CDW Canada Inc	$84,493.78	Ortho-Clinical Diagnostics	$376,714.44
Chef Redi-Meats	$81,954.95	Parkland Ambulance Care Ltd.	$97,861.71
City Of Melfort	$79,907.54	Penney Murphy & Associates	$51,211.13
Covidien	$58,114.89	Philips Medical Systems Canada	$173,629.91
CPDN/RCPD	$329,886.89	Prairie Meats	$67,261.45
Gambro	$215,276.12	Prince Albert Parkland	$403,170.51
GE Healthcare Canada	$69,874.41	Public Employees Superann. Plan	$71,752.39
GE Healthcare Iits Canada Ltd	$77,691.46	Quill Plains Ambulance Care	$76,237.90
Great West Life	$396,712.01	SAHO	$296,570.83
Gurgul, Dr. Mariusz	$120,000.00	SAHO - Dental Plan Benefits	$696,403.98
Health Science Assoc Of Sask.	$51,860.19	SAHO - Disability Income Plan	$452,467.76
Hill-Rom Canada	$141,082.51	SAHO - Employee Benefits	$1,480,863.92
Honeywell Limited (Calgary)	$74,878.46	Saputo Foods Limited	$121,808.94
Hospira Healthcare Corp.	$197,296.93	Sask Registered Nurses Membership	$128,348.39
Independent Living Inc.	$73,452.27	Sask Workers Compensation Board	$1,171,900.65
Johnson Diversey Canada Inc	$50,694.39	Schaan Healthcare Products	$1,234,507.92
Kelvington Ambulance Care Ltd	$397,484.44	SGEU - Dues Remittance	$464,162.34
Kramer Radiologist Services	$114,900.00	SGEU - Long Term Disability	$359,208.12
London Life Insurance Co.	$108,258.00	Shamrock Ambulance Care Ltd	$211,592.14
MacQuarie Equipment Finance Ltd	$78,313.52	SHEPP - Pension Benefits	$6,147,865.49
Marais, Dr. Sarel	$318,914.88	Siemens Building Technologies	$67,426.39
McKesson Canada	$229,015.34	Siemens Healthcare Diagnostics Ltd	$126,199.68
Melfort Ambulance	$432,744.35	Siemens Healthcare Diagnostics Ltd (INHM)	$62,884.96

SoftChoice Corporation	$79,250.12	Thorpe Brothers Ltd	$107,064.01
Somagen Diagnostics Inc	$56,729.56	Tisdale Ambulance Care Ltd	$428,244.51
Source Medical	$110,132.41	Town Of Tisdale	$57,299.84
Steris Canada Inc	$55,090.53	Van Houtte Coffee Services Inc	$64,120.02
Stevens Company Limited	$99,809.72	Village Of Cumberland House	$71,117.00
Stryker Canada	$746,630.90	Waldbillig, Peter	$51,472.62
Sun	$217,498.62	WBM Office Systems	$74,111.22
Sun Life Financial	$62,731.31		
Supreme Basics (Saskatoon)	$233,382.15		
Sysco Food Services Of Regina	$987,561.26		

Management Report

May 21, 2009

KELSEY TRAIL HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Kelsey Trail Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Glen Kozak
Chief Executive Officer

Shane Merriman
Chief Financial Officer

2008-09 Financial Report

AUDITORS' REPORT

The Board of Directors
Kesley Trail Regional Health Authority

We have audited the statement of financial position of the Kelsey Trail Regional Health Authority as at March 31, 2009, the statement of operations and changes in fund balances, and statement of cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the Authority, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The comparative figures were audited by another accounting firm who issued their report without reservation on May 21, 2008.

Melfort, Saskatchewan

May 5, 2009

Meyers Norris Penny LLP

Chartered Accountants

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2009

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2009	Total 2008
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 7,347,848	$ 22,573,845	$ 3,248,570	$ 33,170,263	$ 12,831,854
Accounts receivable					
Saskatchewan Health - General Revenue Fund	-	151,184	-	151,184	162,690
Other	678,642	159,398	-	838,040	1,051,657
Inventory	493,594	-	-	493,594	483,754
Prepaid expenses	824,006	-	-	824,006	774,251
	9,344,090	22,884,427	3,248,570	35,477,087	15,304,206
Investments (Note 2, Schedule 2)	1,040,691	-	-	1,040,691	1,000,000
Other assets	34,129	-	-	34,129	29,654
Capital assets (Note 3)	-	42,423,467	-	42,423,467	44,021,835
Total Assets	$ 10,418,910	$ 65,307,894	$ 3,248,570	$ 78,975,374	$ 60,355,695
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 2,490,390	$ 4,136	$ -	$ 2,494,526	$ 3,166,523
Accrued salaries	510,289	-	-	510,289	288,221
Vacation payable	5,739,719	-	-	5,739,719	5,334,149
Mortgages payable – current (Note 5)	-	438,120	-	438,120	432,188
Deferred revenue (Note 6)	1,662,470	-	-	1,662,470	1,045,173
	10,402,868	442,256	-	10,845,124	10,266,254
Long term liabilities					
Long term leases payable	-	-	-	-	-
Mortgages payable (Note 5)	-	8,647,378	-	8,647,378	9,091,430
Total Liabilities	10,402,868	9,089,634	-	19,492,502	19,357,684
Fund Balances:					
Invested in capital assets	-	33,337,969	-	33,337,969	34,498,217
Externally restricted (Schedule 3)	-	20,967,642	3,248,570	24,216,212	4,889,833
Internally restricted (Schedule 4)	-	1,912,650	-	1,912,650	1,987,782
Unrestricted	16,041	-	-	16,041	(377,821)
Fund balances – (Statement 2)	16,041	56,218,261	3,248,570	59,482,872	40,998,011
Total Liabilities & Fund Balances	$ 10,418,909	$ 65,307,895	$ 3,248,570	$ 78,975,374	$ 60,355,695

Commitments (Note 4)
Mortgages (Note 5)
Pension Plan (Note 10)
Asset Retirement Obligations (Note 4)

Approved on behalf of the board of directors:

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2009

Statement 2

	Operating Fund			Restricted			
	Budget 2009	2009	2008	Capital Fund 2009	Community Trust Fund 2009	Total 2009	Total 2008
REVENUES							
Saskatchewan Health - General	$ 80,421,327	$ 83,721,623	$ 78,396,865	$ 22,252,648	$ -	$ 22,252,648	$ 2,356,671
Other Provincial	426,119	578,162	495,260	351,375	-	351,375	344,102
Federal Government	27,054	33,236	19,940	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	713,867	628,049	639,778	-	-	-	-
Patient Fees	7,796,591	7,879,109	7,564,068	-	-	-	-
Out of Province (Reciprocal)	469,128	557,981	502,423	-	-	-	-
Out of Country	32,704	31,803	19,347	-	-	-	-
Donations	30,000	22,510	13,213	245,169	163,838	409,007	1,881,670
Investment	300,000	298,432	410,051	81,286	107,081	188,367	276,897
Ancillary	606,867	659,084	601,381	-	-	-	-
Recoveries	307,765	283,428	292,277	-	-	-	-
Unrealized Gain - Financial Instruments	-	-	-	-	-	-	-
Other	117,900	193,111	161,013	-	-	-	-
Total Revenues	91,249,322	94,886,528	89,115,616	22,930,478	270,919	23,201,397	4,859,340
EXPENSES							
Province Wide Acute Care Services	716,028	768,434	714,382	-	-	-	-
Acute Care Services	30,953,700	31,492,677	29,348,008	1,708,076	58,791	1,766,867	1,673,132
Physician Compensation - Acute	1,446,925	1,161,649	1,459,184	-	-	-	-
Supportive Care Services	29,867,669	31,591,066	30,728,993	2,799,000	13,159	2,812,159	2,788,691
Home Based Service - Supportive Care	5,221,044	5,726,945	5,229,067	-	-	-	4,825
Population Health Services	3,615,954	3,768,819	3,495,551	18,986	-	18,986	16,970
Community Care Services	3,922,222	3,527,331	3,100,930	-	-	-	-
Home Based Services - Acute & Palliative	565,354	625,516	528,130	-	-	-	-
Primary Health Care Services	3,204,406	3,473,797	2,887,171	418,654	-	418,654	486,546
Emergency Response Services	2,970,976	3,129,846	2,883,387	52,017	-	52,017	50,313
Mental Health Services - Inpatient Residential	-	-	-	-	-	-	-
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community	2,906,496	3,274,711	2,970,425	-	-	-	-
Program Support Services	5,079,508	5,162,926	4,572,050	155,719	-	155,719	155,697
Special Funded Programs	766,660	674,945	717,429	-	-	-	-
Unrealized Loss - Financial Instruments	-	-	-	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total Expenses (Schedule 1)	91,236,942	94,378,663	88,634,707	5,152,452	71,950	5,224,402	5,176,174
Excess (Deficiency) of revenues over expenses	$ 12,380	507,865	480,909	17,778,026	198,969	17,976,995	(316,834)
Fund balances, beginning of year		(377,821)	(701,617)	38,086,669	3,289,163	41,375,832	41,535,553
Interfund transfers (Note 13)		(114,003)	(157,113)	353,565	(239,562)	114,003	157,113
Fund balances, end of year		$ 16,041	$ (377,821)	$ 56,218,260	$ 3,248,570	$ 59,466,830	$ 41,375,832

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2009

Statement 3

	Operating Fund		Restricted Fund			
	2009	2008	Capital Fund	Community Trust Fund	Total 2009	Total 2008
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ 507,865	$ 480,909	$ 17,778,026	$ 198,969	$ 17,976,995	$ (316,834)
Net change in non-cash working capital (Note 7)	718,005	1,135,096	20,462	-	20,462	(125,695)
Amortization of capital assets	-	-	4,273,530	-	4,273,530	4,606,918
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	740	-	740	(1,000)
	1,225,870	1,616,005	22,072,758	198,969	22,271,727	4,163,389
Purchase of capital assets						
Buildings/construction	-	-	(508,994)	-	(508,994)	(706,924)
Equipment	-	-	(2,166,908)	-	(2,166,908)	(2,384,592)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	1,000
Sale (Purchase) of long-term investments	(45,166)	(966,246)	-	-	-	973,408
	(45,166)	(966,246)	(2,675,902)	-	(2,675,902)	(2,117,108)
Repayment of debt	-	-	(438,120)	-	(438,120)	(416,305)
Net increase (decrease) in cash & short-term investments during the year	1,180,704	649,759	18,958,736	198,969	19,157,705	1,629,976
Cash & short-term investments, beginning of year	6,281,147	5,788,500	3,261,544	3,289,163	6,550,707	4,763,618
Interfund transfers (Note 13)	(114,003)	(157,113)	353,565	(239,562)	114,003	157,113
Cash & short-term investments, end of year (Schedule 2)	$ 7,347,848	$ 6,281,146	$ 22,573,845	$ 3,248,570	$ 25,822,415	$ 6,550,707
Amounts in cash balances						
Cash & short-term investments	$ 7,347,848	$ 6,281,146	$ 22,573,845	$ 3,248,570	$ 25,822,415	$ 6,550,707

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

1. Legislative Authority

The Kelsey Trail Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Kelsey Trail Health Region, under section 27 of The Act. The Kelsey Trail RHA is a non-profit organization and is not subject to income and property taxes from federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

Nipawin Oasis Community Centre Co-operative Ltd.
Kelvington Ambulance Care Ltd.
Tisdale Ambulance Care Ltd.
Shamrock Ambulance Care Ltd.
North East EMS
Melfort Ambulance Service
Quill Plains Ambulance Care Ltd.

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) Fund Raising Foundations

The Nipawin Region Health Foundation Inc. and the North Central Health Care Foundation Inc. are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, all funds raised by the Foundations after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

These financial statements do not include the financial activities of the two Foundations. Alternatively, Note 9 b) ii) provides supplementary information on the Foundations.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

2. Significant Accounting Policies – continued

i) Operating Fund
The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund
The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from the Ministry of Health – General Revenue Fund provided for the construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund
The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in the pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	1 - 20%
Buildings	2.5 - 10%
Equipment	3 – 33.33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

2. Significant Accounting Policies – continued

e) Asset Retirement Obligations

Asset Retirement Obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at lower of cost or net realizable value as determined on a weighted average cost basis.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading
- Accounts receivable are classified as loans and receivables

Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.

2. Significant Accounting Policies – continued

- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2009 (2008 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31 2009			March 31 2008
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 639,590	$ -	$ 639,590	$ 639,590
Land improvements	642,929	569,622	73,307	84,811
Buildings	89,446,169	54,674,791	34,771,378	37,436,370
Equipment	29,912,024	23,281,765	6,630,259	5,774,872
Construction in progress	308,933	-	308,933	86,192
	$ 120,949,645	$ 78,526,178	$ 42,423,467	$ 44,021,835

4. Commitments

a) Capital Assets Acquisitions

As at March 31, 2009, the Ministry of Health provided the RHA with funding in the amount of $17,000,000 to be used to construct two long term care facilities. As at March 31, 2009, the RHA made a down payment of $40,000 towards the purchase of an ambulance with a total cost of $149,000 plus applicable taxes for one of the region's owned and operated ambulance services. It is estimated the ambulance will be built and ready for delivery to the RHA in the fall of 2009.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2010	$80,054
2011	$71,795
2012	$13,240
2013	$0
2014	$0

c) Asset Retirement Obligations

The RHA has no recorded liabilities for asset retirement obligations (2008 - $0).

d) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA. The RHA has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in the current fiscal year.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2009	2008
Hudson Bay Health Care Facility				
C.M.H.C., due December 1, 2016	5.38%	$10,351 Principal & interest	$ 65,633	$ 72,302
C.M.H.C., due January 1, 2023	7.00%	$2,823 Principal & interest	25,103	26,154
Rose Valley Health Centre				
C.M.H.C., due October 1, 2021	4.54%	$43,335 Principal & interest of which $11,063 is subsidized by SHC. Yielding an effective interest rate of 3.38%. Mortgage renewal date – February 1, 2015.	415,688	439,776

Mortgages Payable – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2009	2008
Newmarket Manor				
C.M.H.C., due March 1, 2023	4.54%	$160,042 Principal & interest of which $41,658 is subsidized by SHC. Yielding an effective interest rate of 3.36%. Mortgage renewal date – February 1, 2015.	$ 1,659,709	$ 1,743,212
Sasko Park Lodge				
C.M.H.C., due January 1, 2023	7.50%	$10,607 Principal & interest	91,746	95,428
Kelvindell Lodge				
C.M.H.C., due October 1, 2020	5.14%	$37,003 Principal & interest of which $11,621 is subsidized by SHC. Yielding an effective interest rate of 3.53%. Mortgage renewal date – December 1, 2013.	323,271	343,311
C.M.H.C., due January 1, 2027	8.00%	$41,485 Principal & interest	397,013	406,831
Red Deer Nursing Home				
C.M.H.C., due June 1, 2022	7.25%	$16,938 Principal & interest	144,836	151,181
C.M.H.C., due February 1, 2027	4.42%	$57,305 Principal & interest of which $36,000 is subsidized by SHC. Yielding an effective interest rate of 1.64%. Mortgage renewal date – March 1, 2017.	710,614	736,250
Pasquia Special Care Home				
C.M.H.C., due August 1, 2025	8.00%	$25,763 Principal & interest	237,046	243,859

Mortgages Payable – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2009	2008
Arborfield Special Care Lodge				
C.M.H.C., due September 1, 2021	4.54%	$113,245 Principal & interest of which $33,189 is subsidized by SHC. Yielding an effective interest rate of 3.21%. Mortgage renewal date – February 1, 2015.	$ 1,080,878	$ 1,144,061
Pineview Lodge				
C.M.H.C., due August 1, 2019	6.875%	$21,014 Principal & interest	156,708	166,728
C.M.H.C., due January 1, 2017	4.17%	$66,772 Principal & interest of which $13,827 is subsidized by SHC. Yielding an effective interest rate of 3.31%. Mortgage renewal date – October 1, 2015.	446,099	493,399
C.M.H.C., due April 1, 2025	4.17%	$143,174 Principal & interest of which $96,000 is subsidized by SHC. Yielding an effective interest rate of 1.37%. Mortgage renewal date – October 1, 2015.	1,679,760	1,752,008
Chateau Providence				
C.M.H.C., due October 1, 2026	4.31%	$96,109 Principal & interest of which $72,000 is subsidized by SHC. Yielding an effective interest rate of 1.08%. Mortgage renewal date – December 1, 2016.	1,186,685	1,231,173
Nirvana Pioneer Villa				
C.M.H.C., due September 1, 2025	8.00%	$50,382 Principal & interest	464,708	477,947
			9,085,497	9,523,620
Less: Current portion			438,120	432,188
			$8,647,377	$9,091,432

5. Mortgages Payable – continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2010	$ 438,120
2011	$ 475,308
2012	$ 498,761
2013	$ 522,432
2014	$ 549,336
2015 and subsequent years	$6,601,540

6. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Active Workplace Initiative Project	$ 70,000	$ 41,290	$ -	$ 28,710
AHTF Cumberland House Healthy Living	-	44,409	151,023	106,614
Autism - Canadian Metis Heritage Corporation	-		115,035	115,035
Autism Spectrum Disorders	-	-	150,000	150,000
CH Aboriginal Health	4,000	4,000	-	-
Community Supports/New A&D Initiatives	78,000	256,850	242,000	63,150
Crucial Conversations	-	33,639	75,000	41,361
Education Co-ordinator	72,412	72,412	-	-
GP/Specialized Services Recruitment Pilot Project	-	-	50,000	50,000
Kindness Train the Trainer Project	-	-	42,670	42,670
MDS Home Care Project	75,000	75,000	-	-
Medical Services Funding - Primary Care	226,704	1,387,961	1,397,910	236,653
Mental Health Children	37,357	143,111	105,754	-
Mentorship	10,150	10,150	-	-
New Graduate & Mentors Program	-	131,362	186,400	55,038
Nursing Recruitment and Retention Initiatives	-	-	202,346	202,346
Therapy Professional Development & Team Building	-	-	6,850	6,850
Retention Grant	7,000	7,000	-	-
Safety Strategy	47,689	47,689	-	-
Secure Care Youth Detoxification	90,885	103,345	101,110	88,650
Telehomecare Pilot Project	-	-	73,000	73,000
Therapies Funding	7,969	95,469	87,500	-
Training Workshop - Autism	59,051	74,051	15,000	-
Workforce Planning Initiatives	147,838	104,761	186,045	229,122
Total Sask Health	**$ 934,055**	**$ 2,632,499**	**$ 3,187,643**	**$ 1,489,199**

Deferred Revenue – continued

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives				
ABI	$ 7,334	$ 47,495	$ 40,161	$ -
Aboriginal Funding	5,000	5,000	-	-
Intersectoral Funding	-	74,104	93,141	19,037
Kids First Targeted	98,785	455,552	511,002	154,235
Total Non Sask Health	**$ 111,119**	**$ 582,151**	**$ 644,304**	**$ 173,272**
Total Deferred Revenue	**$ 1,045,174**	**$ 3,214,650**	**$ 3,831,947**	**$ 1,662,471**

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2,009	2,008	Capital Fund	Community Trust Fund	Total 2,009	Total 2,008
(Increase) Decrease in accounts receivable	$ 31,897	$ 55,615	$ 193,227	$ -	$ 193,227	$ 263,721
(Increase) Decrease in inventory	(9,840)	(19,178)	-	-	-	-
(Increase) Decrease in prepaid expenses	(49,755)	282,784	-	-	-	-
Increase (Decrease) in accounts payable	(499,232)	(83,262)	(172,765)	-	(172,765)	(389,416)
Increase (Decrease) in accrued salaries	222,068	288,221	-	-	-	-
Increase (Decrease) in vacation payable	405,570	152,045	-	-	-	-
Increase (Decrease) in deferred revenue	617,297	458,871	-	-	-	-
	$ 718,005	$ 1,135,096	$ 20,462	$ -	$ 20,462	($125,695)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2009 was $60,062 (2008 - $61,372). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2009	2008
Revenues		
Ministry of Learning	520,166	551,707
Ministry of Justice	74,104	70,000
Health Quality Council	-	59,200
Sask Housing Corporation	351,375	344,102
SGI	107,882	-
	$ 1,053,527	$ 1,025,009
Expenditures		
North Sask Laundry & Support Services	$ 872,164	$ 832,632
Sask Energy Corporation	1,115,092	1,157,494
Sask Housing	18,198	11,270
Sask Power Corporation	1,026,676	1,023,506
Ministry of Government Services	551,381	565,758
Sask Tel	416,749	462,421
Sask Workers Compensation Board	1,171,901	1,044,820
SAHO	10,073,770	8,979,140
SGI	265,171	214,846
	$ 15,511,102	$ 14,291,889
Accounts Receivable		
Ministry of Health	$ 151,184	$ 162,691
	$ 151,184	$ 162,691
Prepaid Expenditures		
Workers Compensation	$ 329,240	$ 242,746
	$ 329,240	$ 242,746

9. Related Parties - continued

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2009	2008
Hudson Bay & District Assessment and Resource Service	$ -	$ 227
Nipawin Oasis Community Centre Co-operative Ltd.	47,268	46,203
Kelvington Ambulance Care Ltd.	399,559	363,580
Tisdale Ambulance Care Ltd.	428,245	408,542
Shamrock Ambulance Care Ltd.	211,592	192,237
North East EMS	891,606	825,149
Melfort Ambulance Service	432,744	400,818
Quill Plains Ambulance Care Ltd.	76,238	75,065
	$ 2,487,252	$ 2,311,821

ii) Fund Raising Foundations

Fund raising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health Care Foundation Inc. The Kelsey Trail Regional Health Authority has an economic interest in the Foundations. In accordance with donor-imposed restrictions, $135,955 (2008 - $165,162) of the foundations' net assets must be used to purchase specialized equipment or services. The Nipawin Region Health Foundation Inc. total expenses include contributions of $45,525 (2008 - $567,642) to the RHA. The North Central Health Care Foundation Inc. total expenses include contributions of $0 (2008 - $324,782) to the RHA.

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense for the year amounted to $3,567,244 (2008 - $3,311,254) and is included in benefits in Schedule 1.

	2009				2008
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	1,343	3	10	1,356	1,354
Member contribution rate, percentage of salary	5.85-7.35%	7.00-9.00%	6.35-7.00%*		
RHA contribution rate, percentage of salary	6.55-8.23%	25.48-32.76%	6.45-7.00%*		
Member contributions (thousands of dollars)	3,139	5	38	3,182	2,954
RHA contributions (thousands of dollars)	3,511	19	37	3,567	3,311

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2009. Inactive members are transferred to SHEPP and not included in these results.

11. Budget

The RHA Board approved the 2008-2009 budget plan on June 24, 2008.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year is $6,380,620 (2008 - $6,199,305) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit of $1,000,000 (2008 - $1,000,000) with a floating rate of interest charged at Prime minus .50% which is re-negotiated annually. The line-of-credit is secured by accounts receivable including all grants, revenues and any other forms or sources of payments from the Province of Saskatchewan and any other funding bodies. Total interest paid on the line-of-credit in 2009 was $0 (2008 - $0).

13. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2009			2008		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	239,562	(239,562)	(89,520)	505,617	(416,097)
SHC reserves	(106,459)	106,459	-	(90,898)	90,898	-
Mortgage payments	(7,544)	7,544	-	23,305	(23,305)	-
Other	-	-	-	-	-	-
	$(114,003)	$ 353,565	$ (239,562)	$(157,113)	$ 573,210	$(416,097)

14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $3,248,570 (2008 - $3,289,163) under these agreements. The assets are joint property of the RHA and the community, therefore they are included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2009:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. Jointly, the RHA Board and the Trust Advisory Committee have the power to establish rules and procedures. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

16. Guarantee

The RHA has provided a $100,000.00 guarantee to a maximum amount of $100,000, to a financial institution for certain loans granted to North Sask Laundry and Support Services Ltd.

Kelsey Trail Regional Health Authority is one of four shareholders of North Sask Laundry and Support Services Ltd. North Sask Laundry and Support Services Ltd. supplies laundry services to its owners for a fee that is intended to insure the Laundry has sufficient cash flows to operate effectively. The Laundry is incorporated under the *Saskatchewan Business Corporations Act* and is treated as a not for profit company for tax purposes.

17. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a third party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

18. Capital Disclosure

The Kelsey Trail Regional Health Authority objective when managing capital is to safeguard the entity's ability to continue as a going concern, and plan for the replacement of equipment so that it can continue to provide health service. The Authority insures all assets at replacement cost and maintains assets through a five year capital equipment plan and capital management plan that is supported by a capital infrastructure review. The Authority manages the following Capital Elements.

Investment in Capital Assets: $33,337,969

Internally Restricted Reserves: $ 1,912,650

Externally Restricted Reserves: $20,967,642

19. Comparative Figures

Certain comparative figures have been reclassified to conform with current year presentation.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2009

Schedule 1

	Budget 2009	Actual 2009	Actual 2008
Operating:			
Board costs	$ 102,635	$ 77,789	$ 76,086
Compensation - Benefits (Note 10)	10,559,575	10,867,504	10,067,771
Compensation - Salaries	57,948,471	60,904,537	56,879,831
Diagnostic imaging supplies	131,950	133,011	122,712
Drugs	648,685	585,536	580,668
Food	1,545,700	1,578,300	1,531,701
Grants to ambulance services	2,279,305	2,398,028	2,225,803
Grants to health care organizations	879,751	857,323	2,910
Housekeeping and laundry supplies	244,583	272,274	292,862
Information technology contracts	386,200	438,150	355,505
Insurance	267,100	265,322	218,289
Interest	8,076	8,127	7,507
Laboratory supplies	1,039,983	1,089,117	1,030,600
Medical and surgical supplies	1,822,139	1,810,475	1,672,109
Medical remuneration and benefits	4,509,500	4,534,023	4,579,964
Office supplies and other office costs	324,471	335,202	317,526
Other	1,636,439	1,482,828	1,414,712
Other referred out services	23,738	37,648	818,217
Professional fees	729,290	837,612	492,508
Prosthetics	-	-	-
Purchased services	631,545	329,709	602,372
Rent/lease costs	894,613	904,724	1,101,546
Repairs and maintenance	723,833	773,357	628,398
Service contracts	550,500	506,509	378,372
Travel	984,721	1,014,798	913,133
Utilities	2,364,139	2,336,758	2,323,605
	$ 91,236,942	$ 94,378,661	$ 88,634,707
Restricted:			
Amortization		$ 4,273,530	$ 4,606,918
Loss/(Gain) on disposal of fixed assets		740	(1,000)
Mortgage interest expense		453,094	480,677
Other		497,039	89,578
		$ 5,224,403	$ 5,176,173

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2009

Schedule 2

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-Term				
Chequing and Savings:				
Cornerstone Credit Union - Tisdale	$ 25,783,189			
Advantage Credit Union	14,961			
Diamond North Credit Union	24,265			
	$ 25,822,415			
Term Deposits:				
	-			
	$ -			
Total Cash & Short-Term Investments	$ 25,822,415			
Long-Term				
	-			
Total Long-Term Investments	$ -			
Total Restricted Investments	**$ 25,822,415**			
Unrestricted Investments				
Cash and Short-Term				
Cash on Hand	$ 6,820			
Cornerstone Credit Union - Tisdale	6,720,928			
Advantage Credit Union	78,002			
Diamond North Credit Union	464,884			
Hudson Bay Credit Union	18,710			
Porcupine Credit Union	12,311			
Kelvington Credit Union	45,886			
Cornerstone Credit Union - Short-Term	307			
Total Cash & Short-Term Investments	$ 7,347,848			
Long-Term				
Cornerstone Credit Union	$ 1,040,691	3/12/2010	3.75%	---
Total Long-Term Investments	$ 1,040,691			
Total Unrestricted Investments	**$ 8,388,539**			
Total Investments	**$ 34,210,954**			
Restricted & Unrestricted Totals				
Total Cash & Short-Term	$ 33,170,263			
Total Long-Term	$ 1,040,691			
Total Investments	**$ 34,210,954**			

* Restricted Investments consist of:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) held in the Capital Fund (Schedule 4).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2009

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Capital Expenses	Balance End of Year
Edith Campbell Bursary	$ 14,230	$ 388	$ 2,500	$ -	$ -	$ 17,118
Hudson Bay Health Care Facility	209,601	5,445	26,109	(5,170)	(7,448)	228,537
Kelvindell Lodge	87,041	2,118	5,654	(450)	-	94,363
Kelvington Hospital	114,099	3,018	36,877	(19,463)	(3,176)	131,355
Margaret Aikenhead Bursary	392	10	-	-	-	402
New Market Manor	366,924	9,453	1,680	-	(3,059)	374,998
Pam Worley Bursary	1,239	29	-	(170)	-	1,098
Community Services	213,441	5,441	-	-	(6,418)	212,464
Porcupine Plain Hospital	217,334	5,817	30,370	-	(12,804)	240,717
Ralston Medical Research	619,655	15,465	-	(30,000)	-	605,120
Red Deer Nursing Home	50,591	1,319	3,891	(1,099)	-	54,702
Rose Valley Health Centre	83,950	2,153	-	(6,270)	-	79,833
Sasko Park Lodge	128,330	3,490	14,133	-	(8,781)	137,172
Tisdale Hospital	968,868	47,664	24,672	(9,328)	(18,020)	1,013,856
Tisdale Hospital - Dialysis Unit	213,468	5,271	17,952	-	(179,856)	56,835
Total Community Trust Fund	**$ 3,289,163**	**$ 107,081**	**$ 163,836**	**$ (71,950)**	**$ (239,562)**	**$ 3,248,570**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
OTHER						
Cumberland House Health Center	$ 155,675	$ 115	$ -	$ -	$ -	$ 155,790
Other	200,814	160,316	-	-	(100,478)	260,652
Parkland Project	46,494	1,222	-	-	(32,755)	14,961
Sask Health - Block Funding	-	-	2,740,000	-	(76,549)	2,663,451
Sask Health - Capital Projects	-	-	17,000,000	-	-	17,000,000
Sask Health - Life Safety Emergency Project	183,650	-	-	-	(183,650)	-
Sask Health - Capital Equipment	42,892	-	875,000	-	(413,580)	504,312
Sask Health - Radiology Equipment	203,238	-	-	-	-	203,238
Sask Health - Safety	650,407	-	705,353	-	(1,190,522)	165,238
Sask Health - Surgical	117,500	-	-	-	(117,500)	-
Total Other	**$ 1,600,670**	**$ 161,653**	**$ 21,320,353**	**$ -**	**$ (2,115,034)**	**$ 20,967,642**
Total Capital Fund	**$ 1,600,670**	**$ 161,653**	**$ 21,320,353**	**$ -**	**$ (2,115,034)**	**$ 20,967,642**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 4,889,833**	**$ 268,734**	**$ 21,484,189**	**$ (71,950)**	**$ (2,354,596)**	**$ 24,216,212**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2009

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Capital Expenses	**Balance, end of year**
Capital						
SHC Replacement Reserves						
Arborfield Special Care Home	$ 184,628	$ 4,724	$ -	$ -	$ (8,357)	$ 180,995
Chateau Providence	222,378	5,688	-	-	(21,636)	206,430
Hudson Bay Health Care Facility	25,739	663	5,080	-	-	31,482
Kelvindell Lodge	70,403	1,752	8,043	-	(17,682)	62,516
Newmarket Manor	182,746	4,704	-	-	-	187,450
Nirvana Pioneer Villa	176,903	4,499	-	-	(5,771)	175,631
Pasquia Special Care Home	32,468	805	5,800	-	(9,128)	29,945
Pineview Lodge	70,709	1,762	11,254	-	(17,148)	66,577
Red Deer Nursing Home	109,505	2,736	-	-	(14,819)	97,422
Sasko Park Lodge	14,703	276	17,881	-	(28,539)	4,321
Total SHC	$ 1,090,182	$ 27,609	$ 48,058	$ -	$ (123,080)	$ 1,042,769
Other Internally Restricted Funds						
Activities - Arborfield Special Care Home	8,812	11,706	-	(16,956)	-	3,562
Activities - Carrot River	9,285	4,918	-	(2,221)	-	11,982
Ambulances	243,063	6,257	50,000	-	(40,000)	259,320
Capital	65,318	498,846	-	(400,000)	(122,247)	41,917
Carrot River Furnishing Fund	10,319	256	-	(5,913)	-	4,662
Cumberland House Home Care	25,512	656	-	-	-	26,168
Newmarket Manor - Construction	233,543	6,004	-	-	-	239,547
Palliative Home Care	3,166	893	-	-	-	4,059
Parkland	242,804	6,250	-	-	-	249,054
Rose Valley Health Centre	52,293	1,319	8,111	-	(35,979)	25,744
Tisdale Joint Use Facility	3,486	90	290	-	-	3,866
Total Capital	$ 1,987,783	$ 564,804	$ 106,459	$ (425,090)	$ (321,306)	$ 1,912,650
Operating						
Other Internally Restricted Funds	$ -	$ -	$ -	$ -	$ -	$ -
Total Operating	$ -	$ -	$ -	$ -	$ -	$ -
Total Internally Restricted Funds	$ 1,987,783	$ 564,804	$ 106,459	$ (425,090)	$ (321,306)	$ 1,912,650

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF
BOARD MEMBER REMUNERATION
for the year ended March 31, 2009

Schedule 5(a)

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2009 TOTAL	2008 TOTAL
Chairperson								
Carol Hayward[1]	8,448	4,425	408	-	-	564	13,845	19,263
James Taylor[2]	1,512	844	477	-	-	-	2,833	-
Board Member								
Robert R. Cheechoo[3]	-	2,138	1,772	-	-	89	3,999	9,550
Minnie Deutsch[1]	-	2,838	613	-	-	-	3,451	3,371
Steve Rudy[1]	-	3,194	1,523	-	-	-	4,717	5,573
Marion L. Heavin[1]	-	2,400	333	-	-	-	2,733	3,662
Lana Thompson[1]	-	1,275	377	-	-	36	1,688	1,992
Darrel Guy[1]	-	6,650	4,847	-	-	-	11,497	11,356
Don DeMarsh[1]	-	1,500	-	-	-	28	1,528	1,599
Cathy Ryan[1]	-	2,349	1,003	-	-	76	3,428	3,809
Dale Link	-	3,650	2,196	-	-	118	5,964	7,069
Kathleen Bedard	-	3,548	1,742	-	-	129	5,419	4,168
Carla Hipkins	-	3,538	1,878	-	-	122	5,538	4,673
Gordon Cresswell[2]	-	900	552	-	-	-	1,452	-
Dennis Koch[2]	-	875	552	-	-	-	1,427	-
Allyson Stevenson[2]	-	863	483	-	-	41	1,387	-
Tina Thomas[2]	-	-	-	-	-	-	-	-
Wilfred Veller[2]	-	868	476	-	-	-	1,344	-
Frank Garchinski[2]	-	890	584	-	-	-	1,474	-
Keith Thompson[2]	-	913	606	-	-	35	1,554	-
Cheryl Watt[2]	-	1,013	730	-	-	38	1,781	-
TOTAL	**9,960**	**44,671**	**21,152**	**-**	**-**	**1,276**	**77,059**	**76,085**

1. Term ended February 5, 2009
2. Term began February 5, 2009
3. Resigned position September 12, 2008

SENIOR MANAGEMENT SALARIES, BENEFITS, AI LOWANCES, AND SEVERANCE

for the year ended March 31, 2009

Schedule 5 (b)

	2009					2008		
Senior Employees	**Salaries[1]**	**Benefits and Allowances[2]**	**Sub-total**	**Severance Amount**	**Total**	**Salaries, Benefits & Allowances[1,2]**	**Severance**	**Total**
Glen Kozak, CEO	$ 171.751	$ 2.971	$ 174.722	$ -	174.722	$ 165.059	$ -	$ 165.059
Senior Positions:								
Pam McKay	135.908	66	135.974	-	135.974	124.547	-	124.547
VP Institutional & Emergency Care								
Shane Merriman	135.908	66	135.974	-	135.974	124.547	-	124.547
VP Finance & Information Services								
Julie Cleaveley	135.908	66	135.974	-	135.974	124.547	-	124.547
VP Community & Primary Health Care								
Rennie Harper	135.908	66	135.974	-	135.974	127.775	-	127.775
VP Operations Support								
Joe Rybinski	135.908	66	135.974	-	135.974	124.547	-	124.547
VP Human Resources								
Dr. Jun Mow	120.000	1.800	121.800	-	121.800	121.800	-	121.800
VP Medcial Services & Chief of Staff								
Total	**$ 971.291**	**$ 5.101**	**$ 976.392**	**$ -**	**$ 976.392**	**$ 912.822**	**$ -**	**$ 912.822**

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc., as well as any other taxable benefits.

More Information

For further information relevant to the Kelsey Trail Health Region, visit the following websites:

Statistics Canada 2006 Community Profiles
http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E

Statistics Canada Health Indicators
http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=82-221-X&CHROPG=1&lang=eng

Saskatchewan Health
http://www.health.gov.sk.ca/

Saskatchewan Population Projections 2006-2021
http://www.health.gov.sk.ca/population-projections

Health Quality Council
http://www.hqc.sk.ca/

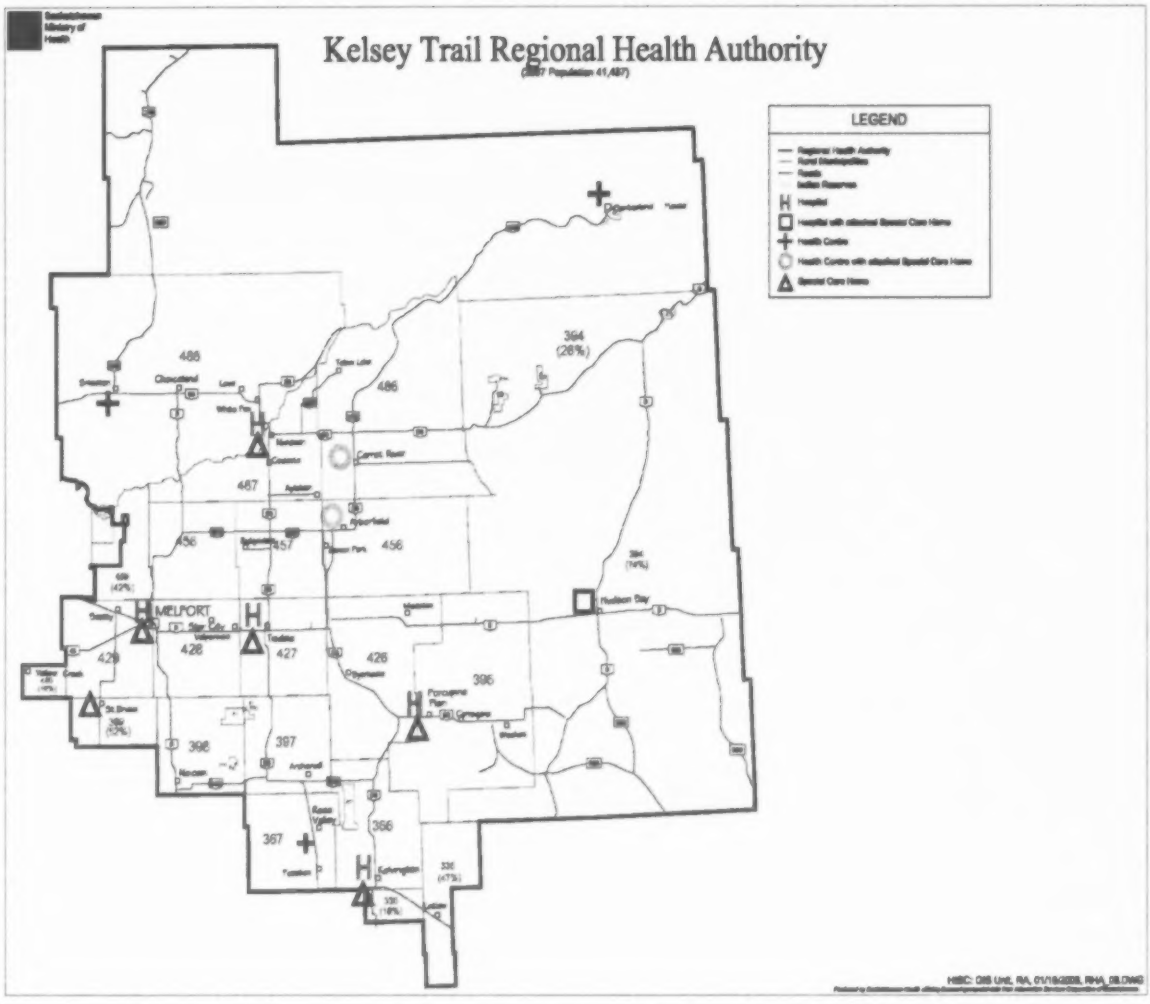
Cumberland College Northeast Regional Needs Assessment
http://www.northeastrna.ca/

Northeast Understanding the Early Years – The Early Years Partnership
http://earlyyears.nesd.ca/

Kelsey Trail Health Region
http://www.kelseytrailhealth.ca/

Endnotes

[1] 2006 Census, Statistics Canada
[2] 2006 Census, Statistics Canada
[3] Government of Saskatchewan – Covered Population 2008
[4] Government of Saskatchewan – Covered Population 2008
[5] 2006 Census, Statistics Canada
[6] 2006 Census, Statistics Canada
[7] 2006 Census, Statistics Canada
[8] 2006 Census, Statistics Canada
[9] Sasktrends Monitor
[10] Cumberland Regional College North East Needs Assessment; Sasktrends Monitor
[11] Canadian Federation of Independent Business
[12] Service Canada Labour Market Bulletin (January/February 2009)
[13] Service Canada Labour Market Bulletin (April 2009)
[14] Action Saskatchewan Report Card, Saskatchewan Chamber of Commerce
[15] Statistics Canada
[16] Action Saskatchewan Report Card, Saskatchewan Chamber of Commerce
[17] Population Health Branch, Saskatchewan Health
[18] 2000 Labour & Business Centre Leadership Survey



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